



poker face

... as you know, may be a sign of extrapyramidal dysfunction in your patients on tranquilizer therapy.

In such cases, KEMADRIN (procyclidine hydrochloride) often frees the rigidity of facial muscles. Concurrent therapy with KEMADRIN helps you maintain your more seriously disturbed patients on *long-term* therapy of major tranquilizers—*without* parkinsonian rigidity, tremors, slurrishness, drooling.

DOSEAGE: The dosage of Kemadrin must remain flexible to permit adjustment to the individual tolerance and requirements of each patient.

Initial treatment is 2.5 mg. (one half tablet) administered three times daily after meals. If well tolerated, this dose may be gradually increased to 5 mg. (one tablet) three times a day and occasionally 5 mg. given before retiring.

CAUTION: Dryness of the mouth, giddiness, mydriasis, disorientation and gastric discomfort have been occasionally noted. Conditions in which inhibition of the parasympathetic nervous system is undesirable such as glaucoma, tachycardia and urinary retention (such as may occur with marked prostatic hypertrophy) require special care in the administration of the drug.

Kemadrin*

Procyclidine Hydrochloride

SUPPLY: Tablets of 5 mg. (scored). Also available: Elixir, 2.5 mg. in 5 cc., Injection, 2 cc. ampoules, 5 mg. per cc.

**Burroughs Wellcome & Co.
(Canada) Ltd.**

Synaform and Neo-Synalar contain the one vital ingredient all others are missing—Fluocinolone acetonide (Synalar).

Synaform

(fluocinolone acetonide plus iodochlorhydroxyquin)

Anti-fungal

Anti-inflammatory

Anti-pruritic

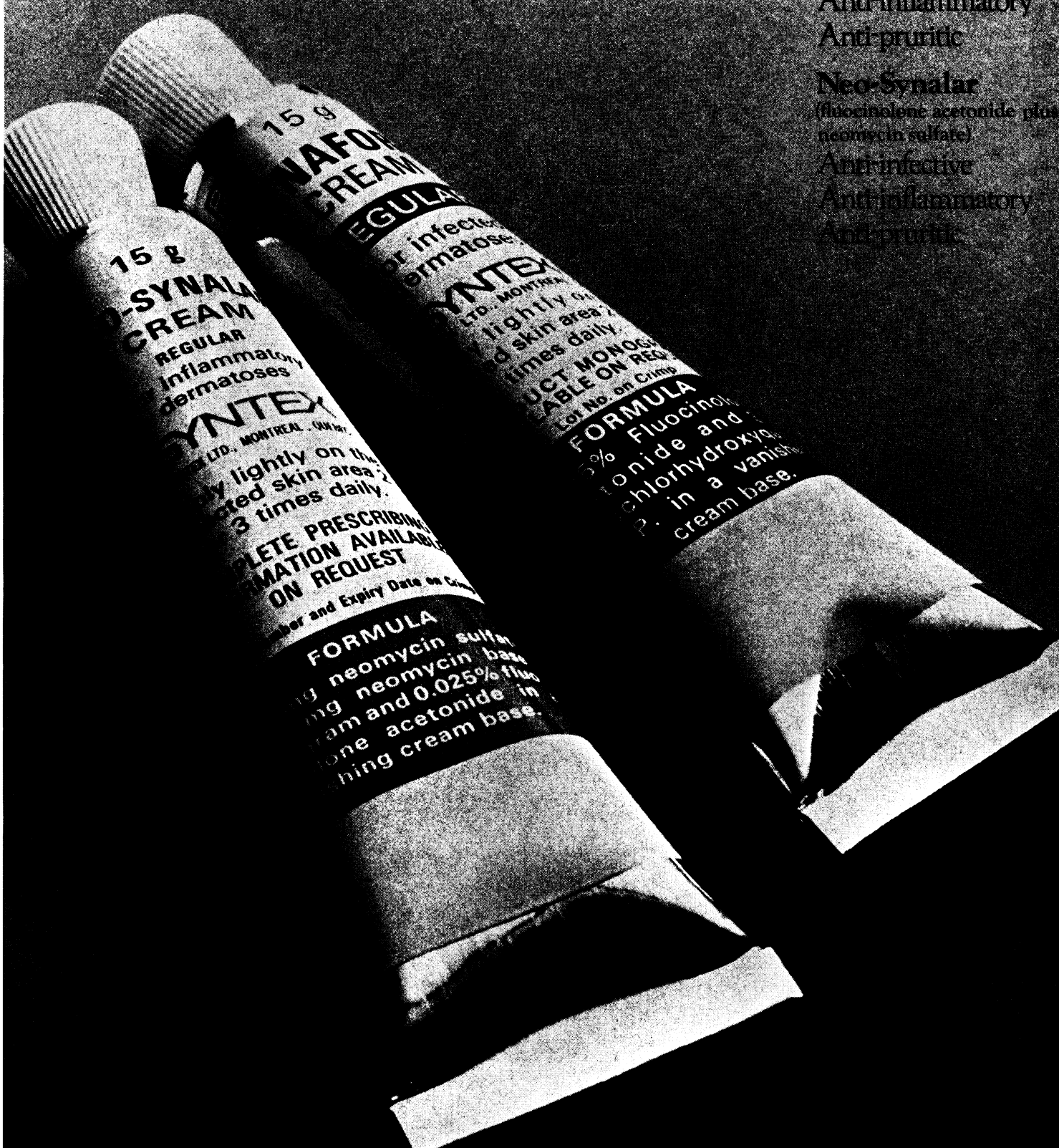
Neo-Synalar

(fluocinolone acetonide plus neomycin sulfate)

Anti-infective

Anti-inflammatory

Anti-pruritic



Indocid*

(indomethacin)



at work

When he needs
symptomatic relief
to see the working
day through
—INDOCID*
can often
provide it.

INDOCID* —to reduce pain, swelling and tenderness, thereby increasing joint mobility in selected cases of severe Osteoarthritis,

including degenerative disease of the hip, selected cases of Rheumatoid Arthritis, Gout and Ankylosing Spondylitis.

INDOCID*

(Indomethacin)



Indications

INDOCID* (indomethacin) has been found effective in the symptomatic treatment of selected cases of rheumatoid arthritis, ankylosing (rheumatoid) spondylitis, gout, selected cases of severe osteoarthritis including degenerative disease of the hip. INDOCID* should be used in those cases of severe osteoarthritis which do not respond to treatment with other drugs such as the salicylates. In these conditions it may on occasion replace other commonly used agents such as corticosteroids, salicylates, phenylbutazone-like compounds, and colchicine.

Dosage Summary For Adults

In chronic rheumatoid arthritis and ankylosing (rheumatoid) spondylitis: Start with 25 mg. b.i.d. or t.i.d. If response is inadequate, add 25 mg. daily each week until an adequate response is obtained or a dosage of 150 to 200 mg. is reached.

In acute rheumatoid arthritis and acute flares of chronic rheumatoid arthritis: Start with 25 mg. b.i.d. or t.i.d. If response is inadequate, add 25 mg. each day until an adequate response is obtained or until a total daily dose of 150-200 mg. is reached. Maintenance corticosteroids can often gradually be reduced 25 to 50 percent and completely discontinued over several weeks or months in some patients.

In severe osteoarthritis and degenerative disease of the hip: Start with 25 mg. b.i.d. or t.i.d. If response is inadequate, increase the daily dosage by 25 mg. at about weekly intervals until an adequate response is obtained or until a dosage of 150 to 200 mg. is reached.

In acute gout: 50 mg. t.i.d. until all signs and symptoms subside.

INDOCID* Suppositories: 100 mg. to 200 mg. a day. May be administered one at bedtime, and if necessary one the following morning. Also may be used in combined administration with Capsules: 100 mg. suppository at bedtime, supplemented the following day by 25 mg. capsules as needed up to a total of 150 to 200 mg. (capsules and suppositories) of Indomethacin.

Note: In chronic disorders, it is important to start with low dosage and increase gradually for best results with fewer adverse reactions.

Always give INDOCID* with food or immediately after meals or with antacid to reduce gastric irritation.

As with all drugs, the lowest possible effective dose should be utilized for each individual patient.

Contraindications

Active peptic ulcer, gastritis, regional enteritis, ulcerative colitis, diverticulitis and if there is a recurrent history of G.I. lesion. Also contraindicated in patients allergic to a.s.a. or indomethacin. Safety of indomethacin for use in pregnancy or lactation has not been established. Indomethacin suppositories are contraindicated in subjects with a history of recent rectal bleeding.

SHOULD NOT BE ADMINISTERED TO PEDIATRIC AGE GROUPS.

Warning

Patients who experience dizziness, lightheadedness, or feelings of detachment on indomethacin should be cautioned against operating motor vehicles, machinery, climbing ladders, etc. Use cautiously in patients with psychiatric disturbances, epilepsy, or parkinsonism.

Precautions

Indomethacin should be used with caution because of the possible occurrence of gastrointestinal reactions, the incidence of which may be decreased by giving the drug immediately after meals, with food or antacids. The risk of continuing therapy with indomethacin in the face of such symptoms must be weighed against the possible benefits to the individual patient. Indomethacin suppositories should be given with caution to patients with any anal or rectal pathology. Discontinue if G.I. bleeding occurs. Peptic ulcer has been reported. Hemorrhage and perforation have oc-

curred in patients with history of peptic ulcer (see *Contraindications*) or in patients receiving steroids or salicylates concomitantly. In some patients there was no history of peptic ulcer or of other drugs being given. As a result of G.I. bleeding some patients may manifest anemia and, for this reason, appropriate blood determinations are recommended periodically. Headache may occur, usually early in treatment. Discontinue therapy if headache persists despite dosage reduction. In common with other drugs which have anti-inflammatory, analgesic and antipyretic properties, indomethacin possesses the potential of masking the signs and symptoms which ordinarily accompany infectious disease. The physician must be alert to this possibility to avoid undue delay in initiating appropriate treatment of the infection. Indomethacin should be used with caution in patients with existing, but controlled infections. Where therapy is prolonged, ophthalmological examinations are desirable at periodic intervals, (see *Eye Reactions*). Since advancing years appear to increase the possibility of adverse reactions, indomethacin should be used with greater care in the aging.

Adverse Reactions

Central Nervous System: Commonly seen, headache (usually more severe in morning), dizziness, and lightheadedness. Infrequently observed: mental confusion, drowsiness, convulsions, coma, depression which may be severe, and other psychic disturbances, such as depersonalization. The severity of these effects may occasionally require cessation of therapy and rarely, admission to hospital. **Gastrointestinal:** include nausea, anorexia, vomiting, epigastric distress, abdominal pain, and diarrhea, which are not uncommon. Single or multiple ulceration of esophagus, stomach, duodenum or small intestine, perforation and hemorrhage have occurred. A few fatalities have been reported. Hemorrhage without obvious ulceration. Increased abdominal pain in patients with ulcerative colitis. Indomethacin has been suspected of precipitating the symptoms of ulcerative colitis or regional ileitis but causal relationship not proven. Least frequent reactions: ulcerative stomatitis, bleeding from sigmoid colon or diverticuli, perforation of pre-existing sigmoid lesions, e.g. diverticuli or carcinoma. With the use of indomethacin suppositories, pruritus ani, tenesmus, and irritation of the rectal mucosa reported occasionally; rectal bleeding rarely. However, sigmoidoscopic examination in a number of patients did not reveal any significant changes of rectal mucosa. **Hepatic:** Toxic hepatitis and jaundice of uncertain etiology, including severe and fatal cases. **Cardiovascular-Renal:** Infrequently, edema, elevation of blood pressure, and hematuria. **Dermatologic-Hypersensitivity:** Infrequently, pruritus, urticaria, angioneurotic edema, angitis, erythema nodosum, skin rashes, loss of hair, and acute respiratory distress including sudden dyspnea and asthma. **Hematologic reactions:** Infrequently leukopenia, purpura and thrombocytopenia. Rarely agranulocytosis, hemolytic anemia, bone marrow depression including aplastic anemia, but definite relationship to drug not established. Anemia secondary to obvious or occult gastrointestinal bleeding. It is advisable to perform periodic blood counts (including platelet) in patients on long term therapy. If signs or symptoms of above reactions appear, discontinue drug and institute appropriate hematological investigations. **Ear Reactions:** Tinnitus infrequently, and deafness rarely. **Eye Reactions:** Retinal disturbances, including those of the macula, and corneal deposits have been observed. Some of these changes regressed after discontinuation of therapy. Infrequently blurred vision, orbital and periorbital pain. **Miscellaneous:** Rarely, vaginal bleeding, hyperglycemia, glycosuria and peripheral neuropathy, and epistaxis.

Detailed information on dosage, administration, indications, precautions and bibliography is available on request.

How Supplied

Ca-8662—INDOCID* Capsules 25 mg. each, are opaque blue and white, imprinted with an MSD trademark and potency, and are supplied in bottles of 50 and 500.

Ca-8663—INDOCID* Capsules 50 mg. each, are opaque, blue and white, imprinted with an MSD trademark and potency, and are supplied in bottles of 50 and 250.

Ca-8711—INDOCID* Suppositories 100 mg. each, are white opaque suppositories, supplied in boxes of 12 or 30.

(MC-757)



**MERCK
SHARP
& DOHME**

CANADA LIMITED/LIMITÉE

Where today's research is tomorrow's therapy

*Trademark



vigil over the heart



Without proper management the angina cycle of fear, anxiety and pain will continue uninterrupted and may eventually rule the patient's life. Pre-occupation with a heart condition and anxious anticipation of another attack restrict participation and involvement in some normal activities. The possible consequences of active living become ominous and the vigil over the heart can

turn the angina patient into a spectator of life. More control over angina pectoris and more freedom for the patient can frequently be achieved through a common sense regimen of calculated exercise, rational nutrition and the combined anxiety allaying effects of Librium* and vasodilatory action of PETN.

Pentrium[®] Roche

Pentrium Rx Summary *Indications:* Angina pectoris, particularly long-term ambulatory prophylaxis and therapy.

Precautions: Careful dosage adjustment in patients already receiving sedatives, tranquilizers, MAO inhibitors or other CNS-acting drugs in view of over-sedation or ataxia. Patients should be advised to abstain from alcohol during treatment with 'Pentrium' as the individual response cannot be foreseen. Until maintenance dose is established caution whenever mental alertness or physical co-ordination is required. Periodic blood counts and liver function tests advisable in long-term use.

The logic of 'Pentrium' in angina pectoris:

more blood	—————→	more oxygen
less anxiety	—————→	fewer attacks

Contraindications: Glaucoma.

Dosage: 1 tablet t.i.d. or q.i.d. before meals and at bedtime up to a maximum of 6 tablets.

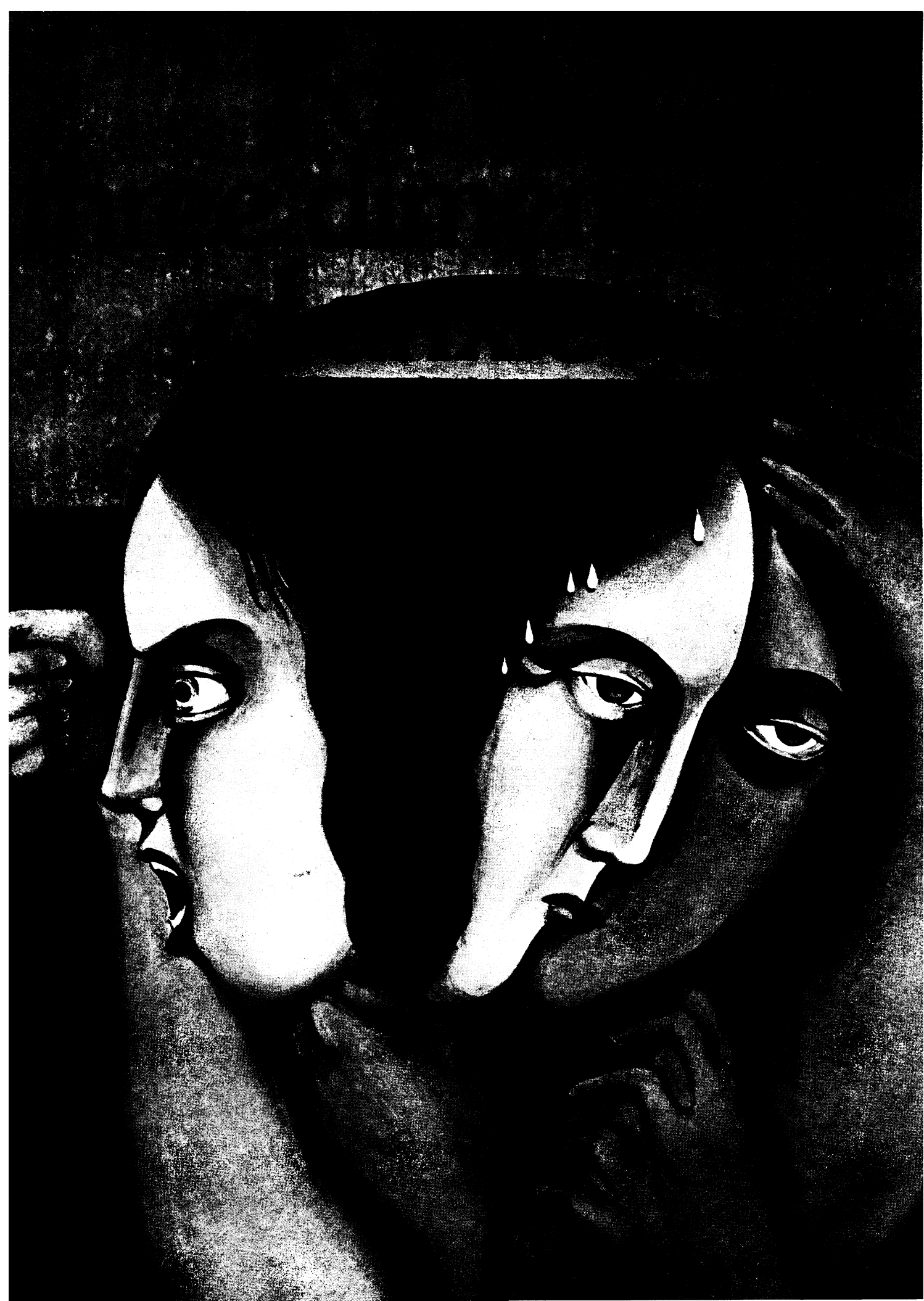
Composition and Supply: Each tablet contains 20 mg pentaerythritol tetranitrate and 5 mg 'Librium'. Bottles of 100, 500 and 1000. Detailed information on request.

®Reg. Trade Mark

*Reg. Trade Mark for Chlordiazepoxide Roche



Hoffmann-La Roche Limited, Montreal.



Three-dimensional anxiolytic action

Nozinan 2mg: A more complete approach to common emotional problems

In small doses, Nozinan controls all three basic responses to excessive emotional stress:

1. Excessive autonomic activity (headache, chest tightness, pounding heart)
2. Excessive psychomotor activity (sleep disturbances, agitation, fatigue, inability to concentrate)
3. Excessive avoidance responses (fearful dreams, outbursts of aggression, withdrawal, phobias)

Low doses of Nozinan rarely produce a hypnotic effect . . . cause no disturbance of muscle tone.

With diazepam, chlordiazepoxide and meprobamate, on the other hand, the doses required to block avoidance responses also produce hypnosis or ataxia.

Six to 12 mg. of Nozinan per day are usually enough to reduce mild to moderate anxiety and tension • restore emotional stability • renew the zest for life • overcome insomnia by dispelling the worries and agitation that disrupt sleep.

Acts at subcortical centers . . . does not cloud consciousness.
In the small doses effective against anxiety, Nozinan leaves the sensorium clear. The patient is calm and alert. There is no impairment of judgment or performance.

INDICATIONS: anxiety, emotional disturbances, states of hyperexcitability, mild depressive states.

DOSAGE: 6 to 12 mg per day in two or three divided doses at mealtimes, the evening dose being usually larger.
Children: 0.25 mg per kg body weight per day, i.e. 4 mg daily for a child weighing about 30 pounds.

SUPPLY: tablets of 2 mg, bottles of 50 and 500; tablets of 5 mg, bottles of 50, 500 and 1000.

CONTRAINDICATIONS: comatose states due to barbiturates or alcohol.

PRECAUTIONS: at the beginning of treatment, CNS depressants should not be administered concomitantly; they may be later but at $\frac{1}{4}$ or $\frac{1}{2}$ the usual dose; during prolonged treatment, hemograms and liver function tests should be performed; possibility of drowsiness should be kept in mind for patients who drive cars, etc.

SIDE EFFECTS: drowsiness; very rarely, dryness of the mouth, blurred vision.

OVERDOSAGE: no specific antidote; gastric lavage; symptomatic treatment.

Full information upon request.

No risk of habituation or dependence
No significant development of tolerance
Little evidence of any unwanted effects

Poulenc 

^R**Nozinan 2mg**
methotrimepazine

clear-minded calm for patients on the go



When you inject

AMCILL-S[®]

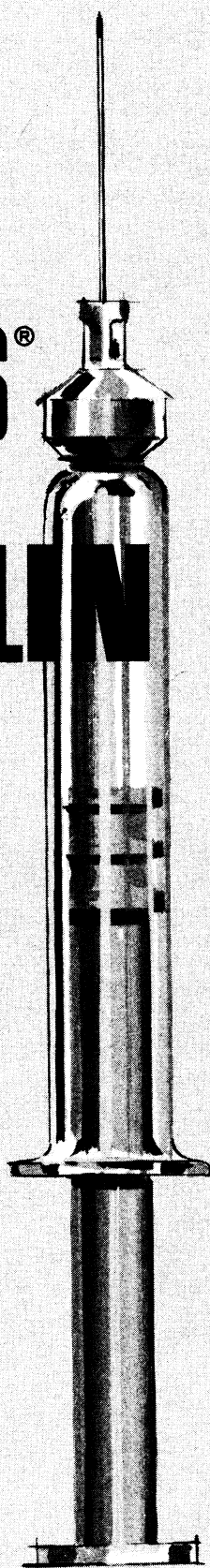
you are giving

AMPICILLIN

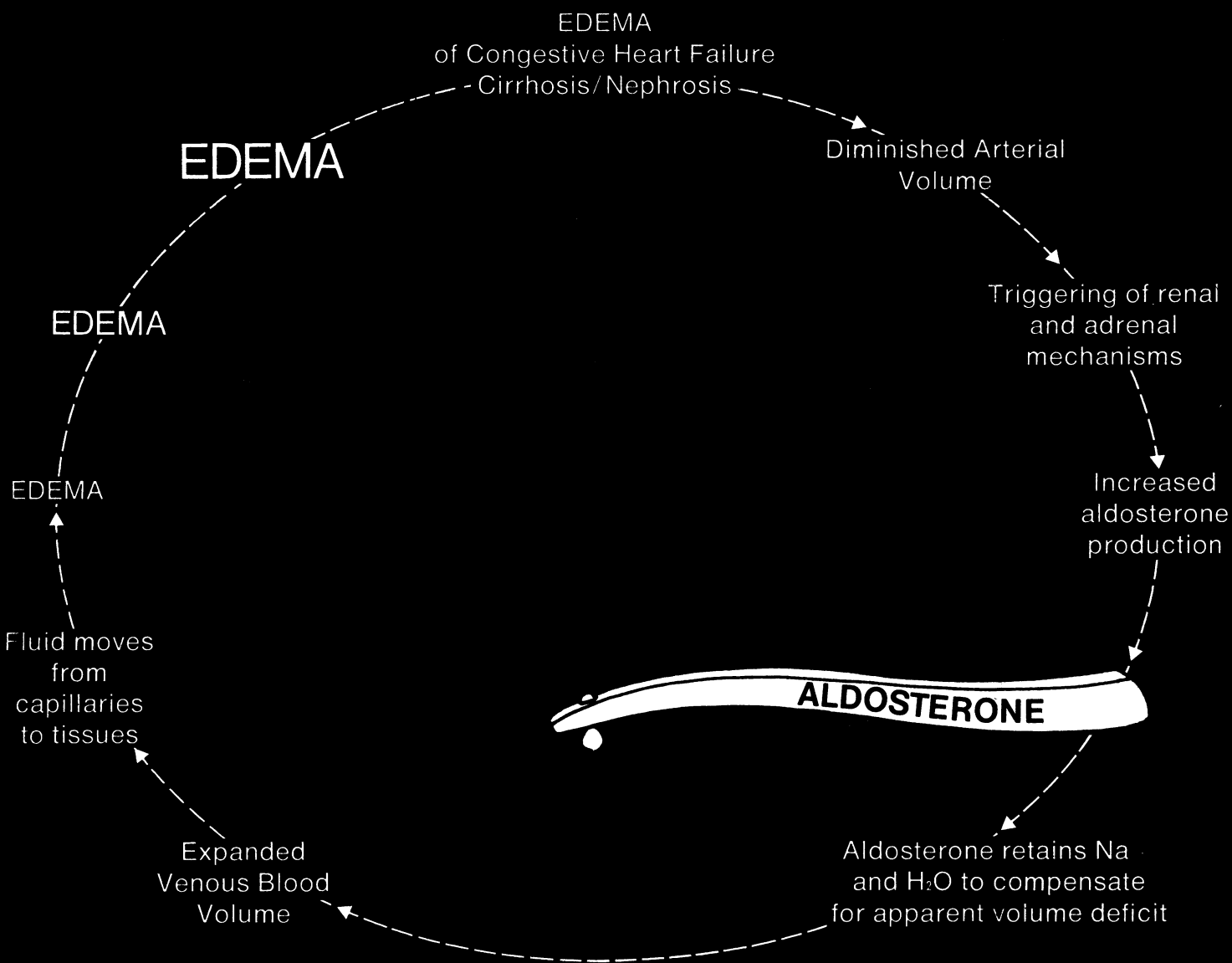
Injectable

of the highest
quality...

PARKE-DAVIS



There are Two Sides to Edema



Aldosterone – the physiological factor in edema

Aldactone[®]

(Spironolactone)

The only diuretic which counteracts and breaks the Aldosterone/Edema cycle.

ALDACTONE/ALDACTAZIDE[®] diuretics which make good clinical and physiological sense.

No matter
what kind of

HEAD ACHE

breaks out...


FOR NON-VASCULAR HEADACHES


*All non-vascular headaches
such as:*

Tension Headache
Headache associated with:
Dysmenorrhea
Sinusitis
Febrile Diseases
Cold and Flu
Hangovers, etc.

Prescribe

 FIORINAL® TABLETS

 FIORINAL®-C¹/₄ CAPSULES

 FIORINAL®-C¹/₂ CAPSULES

FOR VASCULAR HEADACHES

All vascular headaches such as:

Classical Migraine
Common Migraine
Cluster Headache

Prescribe

 CAFERGOT TABLETS

*All vascular headaches
accompanied by nervous
tension, nausea and vomiting*

Prescribe

 CAFERGOT®-PB TABLETS

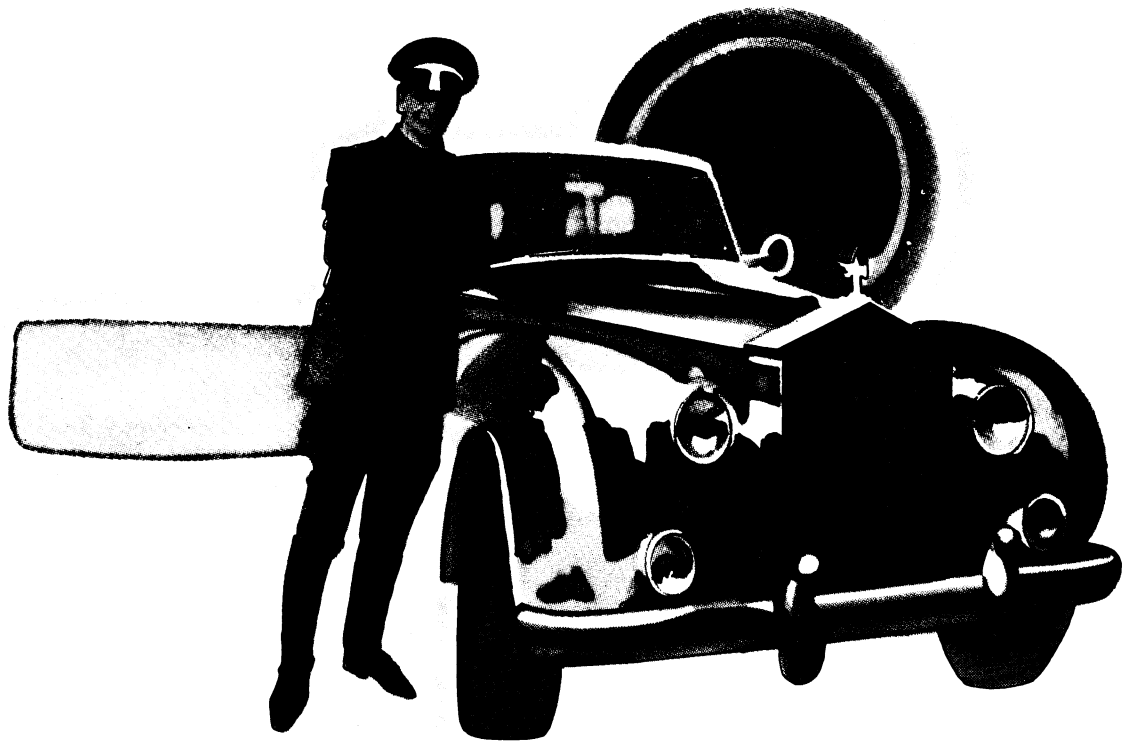
 CAFERGOT®-PB SUPPOSITORIES

There's a Sandoz product for every kind of headache

Full prescribing information available upon request.

SANDOZ
DORVAL, QUEBEC


Penbritin is like a fine automobile



When you select an automobile, the manufacturer's reputation is important to you as well as the workmanship that goes into the particular model you choose. Because—unless you're an expert mechanic—it doesn't help to kick the tires and peer under the hood yourself. Similarly, when you prescribe ampicillin, to be sure that your patients receive top quality ampicillin, specify an ampicillin whose standard of purity and quality is guaranteed by the manufacturer. One who lays his reputation on the line by identifying with his product. Ayerst Laboratories does this by identifying the ampicillin it manufactures with the brand name PENBRITIN. Nearly 10 years of reliability have established PENBRITIN as the leader in its field. Best of all, PENBRITIN's effectiveness and safety come at a price that's more attractive than ever. So, if your patients require ampicillin, specify PENBRITIN. Most physicians do. Because quality is always good value.

THE LOW-PRICED LEADER
IN ITS FIELD.

SPECIFY
PENBRITIN^{*}
THE QUALITY AMPICILLIN



*Complete prescribing
information and references on request*

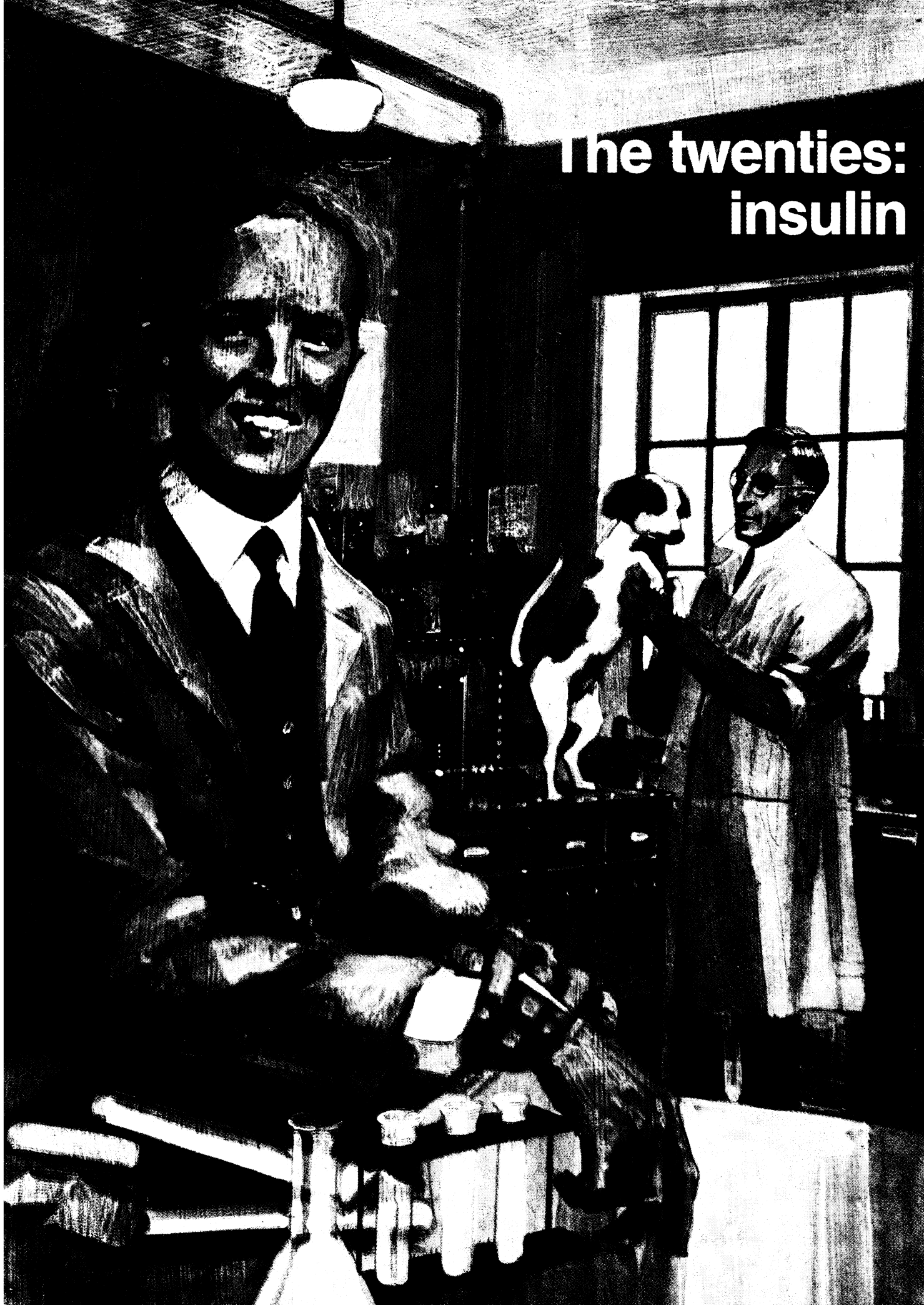
Ayerst Laboratories
Division of Ayerst, McKenna & Harrison Limited
Montreal, Canada

PENBRITIN made in Canada by arrangement with BEECHAM RESEARCH LABORATORIES
*T.M. Reg'd.

852/71/B



The twenties: insulin



The seventies: DIAβETA®

Since 1910

Hoechst's history in the field of diabetes research now encompasses 60 years experience. In 1910 the first experiments of preparing pancreatic extracts were carried out at Hoechst. In 1921, the same year that Banting and Best successfully isolated insulin, the first pancreas preparations for clinical trials were produced by Hoechst.

First License Granted

Because of its work in the field, Hoechst was the first company to be granted a license to manufacture insulin in Europe. In 1935, Hoechst became the first manufacturer in the world to use only highly purified crystalline insulin for its preparations.

Over 8000 Compounds Examined

For over 60 years Hoechst has been continually refining and improving its antidiabetic agents. The years of research finally bore fruit in 1956 with the introduction of oral antidiabetic therapy—tolbutamide Hoechst. Since then, the search has been carried on for a more effective agent with even fewer adverse reactions.

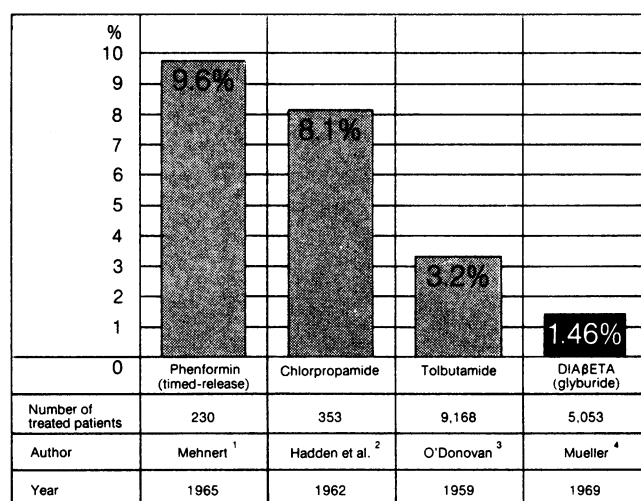
The Latest Advance

In 1971 Hoechst introduced DIAβETA (glyburide Hoechst) which represents Hoechst's very latest advance in oral agents for the treatment of maturity-onset diabetes. DIAβETA hails as a significant advance in that it offers maximum efficacy on once-a-day dosage with the fewest adverse reactions of any oral agent available today.

1. Mehnert, Von H., Mahrhofer, E., and Stern G.: Zur Anwendung einer Retard-Form des Butylguanid in der oralen Diabetestherapie. Dtsch. med. Wschr., 90. Jg. 1965. 2. Hadden, D.R., Montgomery, D.A.D., and Weaver, J.A.: Long-term Experience with Chlorpropamide in Diabetes Mellitus. Diabetes, Vol. II, No. 2, 1962. 3. O'Donovan, C.J. Analysis of Long-term Experience with Tolbutamide (Orinase) in the Management of Diabetes. Current Therapeutic Research, Vol. I, No. 3, 1959. 4. Mueller, R. et al.: Horm. Metab. Res., 1 (Suppl.): 88, 1969.

Fewest Adverse Reactions

Independent studies have revealed that DIAβETA has an unusually low adverse reaction rate as witnessed by the chart below.



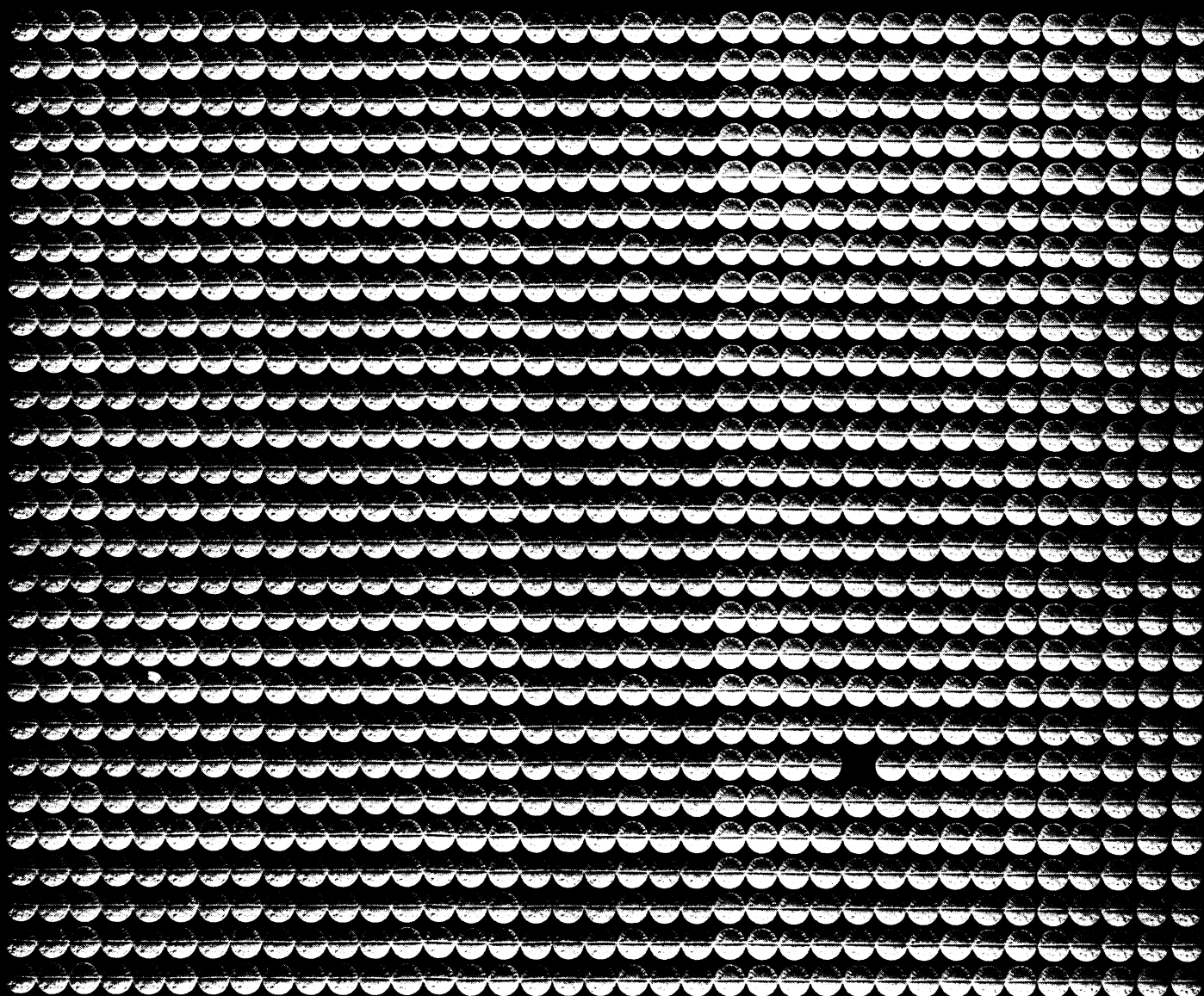
To diabetics this means relative worry-free therapy. When combined with a high degree of efficacy and once-a-day dosage this classifies DIAβETA as the most significant advance in the treatment of maturity-onset diabetes since the introduction of oral agents from the company which pioneered diabetes research.

DIAβETA®

from yesterday's research,
an antidiabetic for today



HOECHST



999 good reasons to prescribe LANOXIN*

998 tablets are shown $\frac{3}{4}$ size

Every Lanoxin tablet is a good reason. Exacting standards of manufacture for each tablet assure a composition that is pure and precise with a predictable action. In a field where patient response to dosage variation is so unpredictable, Lanoxin tablets assure you that your patient always receives the precise amount of digoxin you prescribe. Illustrated are 999 good reasons to write LANOXIN — The *Original* Digoxin.



Burroughs Wellcome & Co. (Canada) Ltd.



This tablet is 8X actual size

*Trade Mark

Surgery requires a steady hand

... plus a sound knowledge of today's best methods. These publications provide the knowledge you need, from experts you trust

American College of Surgeons: EARLY CARE OF THE INJURED PATIENT

By the **Committee on Trauma, American College of Surgeons**. About 450 pp. About 215 figs. About \$15.45. Ready June.

Ready reference for emergency care. Combines into one handy new manual two well-known and widely used handbooks, *The Treatment of Fractures* and *Acute Soft Tissue Injuries*. Presents treatment methods proven in actual clinical practice for frequently encountered injuries, such as: *bites, shock, electrical injuries, fractures, post-traumatic pulmonary insufficiency*. Comprehensively covers injury and trauma to all body areas.

Smith: SURGERY OF THE ELBOW New 2nd Edition

By **Frederick W. Smith, M.D., D.Med.Sc.** Former Attending Orthopedic Surgeon, Presbyterian Hospital, New York Orthopedic Hospital, and Vanderbilt Clinic. About 360 pp. About 150 figs. About \$13.40. Ready May.

This new edition of a highly respected orthopedic guidebook provides detailed descriptions of all aspects of management of traumatic and nontraumatic elbow conditions. Contains immediately useful information on *anatomy, pathology, diagnosis, treatment, anesthesia, and complications*. Lucid descriptions of surgical procedures are complemented by meaningful illustrations.

A uniquely valuable new audio-visual aid

Schlossberg & Zuidema: SURGICAL ANATOMY OF THE ABDOMEN & PELVIS

By **Leon Schlossberg, Medical Illustrator**, and **George D. Zuidema, M.D.**, Professor of Surgery, both of Johns Hopkins University. 32 plates with commentary. About \$283. Ready May.

Thirty-two magnificent full color anatomic plates on durable translucent styrene sheets brilliantly depict appearance, size, location and relationships of pelvic and anatomical structures. 14" X 17" color plates mount directly on x-ray view boxes. Where appropriate, organs depicted semi-transparently to show underlying structures. Accompanying commentary on hand-held sheets provides lucid text descriptions. Durably packaged in a permanent, reinforced cloth-bound box.

Spinner: INJURIES TO THE MAJOR BRANCHES OF PERIPHERAL NERVES OF THE FOREARM

By **Morton Spinner, M.D.**, Assoc. Clinical Prof. of Orthopedic Surgery, Albert Einstein College of Medicine; Attending Orthopedic and Hand Surgeon, Brookdale Hospital Center. 141 pp. illustd. \$12.90. Feb. 1972.

This new text – the result of a 15-year study by the author – correlates anatomical descriptions with clinical experience to provide you with a better understanding of the patterns of structural dysfunction. Dr. Spinner shows how to determine the need for surgical intervention by assessment of resting and pinch attitudes of the hand – plus detailed descriptions of surgical management for the anterior and posterior interosseous nerve, cubital tunnel and pronator syndromes.

Bateman: THE SHOULDER AND NECK

By **James E. Bateman, M.D., F.R.C.S. (C)**, Orthopaedic and Arthritic Hospital, Toronto. 615 pp. 602 figs. \$33.50. Jan. 1972.

This new text is packed with innovative diagnostic and therapeutic methods with emphasis on surgery. Special sections discuss treatment of athletic, automobile and industrial injuries. Practical how-to information on pain-pattern diagnosis and shoulder contrast studies. Detailed explanation of disability assessment techniques. Thorough coverage of such topics as *massive cuff defects* and *chronic acromioclavicular dislocation*.

W. B. SAUNDERS COMPANY CANADA LTD.

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Please send and bill me:

- ☐ 1160 A.C.S. EARLY CARE OF THE INJURED PATIENT About \$15.45
- ☐ 8382 Smith: SURGERY OF THE ELBOW About \$13.40
- ☐ 9828 Schlossberg & Zuidema: SURGICAL ANATOMY OF THE ABDOMEN AND PELVIS About \$283
- ☐ 8519 Spinner: INJURIES TO THE MAJOR BRANCHES OF THE PERIPHERAL NERVES OF THE FOREARM About \$12.90
- ☐ 1570 Bateman: THE SHOULDER AND NECK \$33.50

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City _____ Prov. _____ Zone _____ CMAJ 4-22-72

Time-proven ophthalmics.



Sodium Sulamyd

(sodium sulfacetamide
10% or 30%)

For effective bacteriostatic action

- Provides rapid bacteriostatic action for the prevention and treatment of common eye disorders.
- Established record of safety and freedom from local irritation or sensitization.
- Useful in the treatment of the more common infections of the eye, such as acute and chronic conjunctivitis, corneal ulcer styes, and prophylactically following foreign body removal.¹

Garamycin

(gentamicin 0.3%)

A broad-spectrum antibiotic

- Bactericidal against a wide variety of gram-positive and gram-negative infections, including penicillin-resistant *Staphylococcus*, as well as *Pseudomonas* and *Proteus*.²
- Low potential for causing sensitization reactions and allergic reactions.
- Penetrates ocular tissues to provide anti-infective activity in deep-seated eye infections.³

Metimyd

(prednisolone acetate 0.5% and sodium sulfacetamide 10%)

For simultaneous anti-inflammatory/antibacterial action

- Combines prednisolone acetate for intensified steroid action and Sodium Sulamyd for wide range antibacterial therapy.
- Suitable for use in the ear or nose when desired.

Celestone-S

(betamethasone 0.1% and sodium sulfacetamide 10%)

For combined anti-inflammatory/antibacterial activity

- Combines the superior anti-inflammatory activity of betamethasone with the effective antibacterial action of sodium sulfacetamide.
- Colloidal solution permits active ingredients to remain in prolonged contact with eye tissues.

infection... allergy... or both?

you can't always tell
by looking

no matter . . . choose
KENACOMB
for rapid effective
treatment

when infection invades
a dermatosis or merely
threatens,
you can't do better


**fungi (*Candida* spp.)
bacteria
inflammation
itching**



SQUIBB

Squibb Quality — the Process Is Guaranteed

Description: Each gram contains 1.0 mg triamcinolone acetonide; 2.5 mg neomycin base (as sulfate); 0.25 mg gramicidin and 100,000 units nystatin. The cream is formulated in an aqueous vanishing base and the ointment in Plastibase (Squibb plasticized hydrocarbon gel). **Indications:** Inflammatory dermatoses caused, complicated or threatened by bacterial and/or monilial infection. **Contraindications:** Tuberculous and most viral lesions of the skin; fungal lesions except candidiasis; history of hypersensitivity to any of its components. Should not be applied to the external auditory canal of patients with perforated eardrums. Not for ophthalmic use. **Precautions:** Prolonged use may lead to overgrowth of non-susceptible organisms. Constant observation of the patient is essential. If superinfection, local irritation or sensitization develops, the preparation should be discontinued and appropriate therapy instituted. Although rare, systemic side effects must be kept in mind especially with extensive or prolonged applications or with the occlusive dressing technique. Kenacomb should not be applied to moist intertriginous areas. During pregnancy, use on extensive areas, in large amounts or for prolonged periods of time is not recommended. **Adverse reactions:** Hypersensitivity, or local intolerance to nystatin, gramicidin or triamcinolone acetonide, is uncommon. Hypersensitivity to neomycin should be borne in mind, since an increase in its incidence has been reported. Miliaria, folliculitis, pyoderma, localized atrophy, contact sensitivity to a dressing or adhesive, and striae may occur under occlusive dressings. **Administration:** Cream—Rub into affected areas 2 or 3 times daily. Ointment—Apply a thin film to affected areas 2 or 3 times daily. **Supply:** Tubes of 5 and 15 gm. **Complete prescribing information available on request.**



**In women of
child bearing age,
Candida albicans
is the most frequent
cause of vaginitis.**

Complete prescribing information available on request

* Morley, G.W. : *Int Surgery* **45** : 249-257 (Mar) 1966

Put the smile back on her face.



...give her prompt, gratifying, symptomatic relief of vaginitis in one simple comprehensive office treatment with

TRICOFURON* POWDER

active against Trichomonads, Monilia and Hemophilus.

Home treatment with

TRICOFURON* SUPPOSITORIES

and your continued direction usually assure clinical and laboratory cure, often in one menstrual cycle. And Tricofuron* Suppositories are aesthetically acceptable to even the most fastidious women.

Complete information available on request.



Tricofuron

(furazolidone & nifuroxime)
**VAGINAL SUPPOSITORIES
and POWDER**

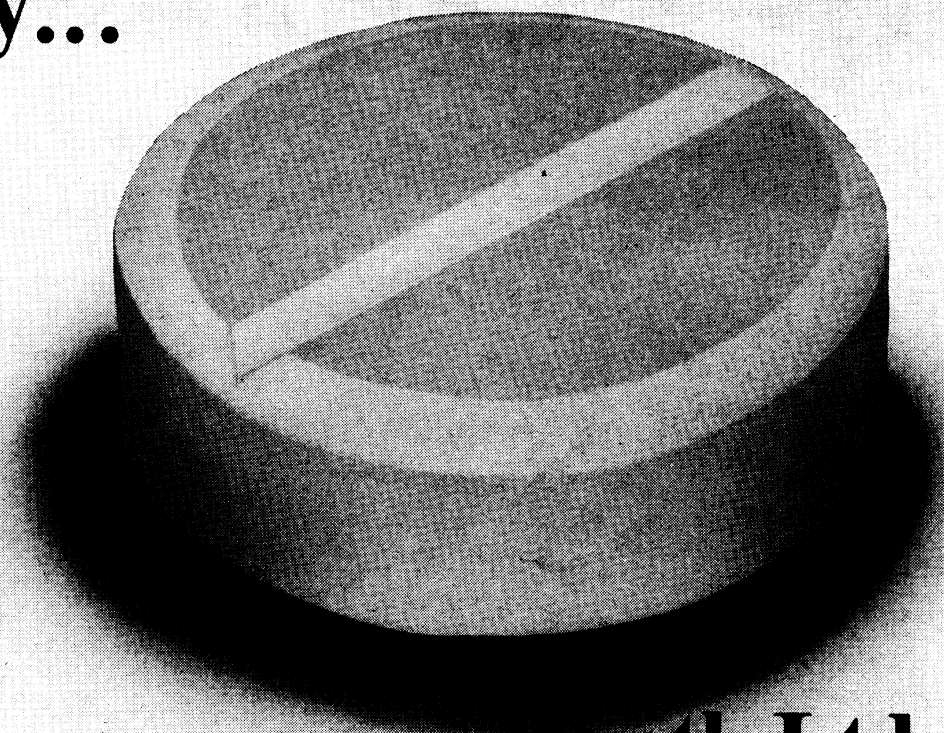
Full prescribing information on request.



Originators and Developers of the Nitrofurans
EATON LABORATORIES
Division of Norwich Pharmacal Company Ltd.
Paris, Canada.

*Trademark

For anxiety...



Wyeth Ltd.

the new Serax*



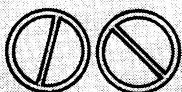

for increased

Serax* 30mg., a fast-acting benzodiazepine (oxazepam), rapidly relieves anxiety.

- Serax* rapidly and effectively calms the restless, agitated mind.
- With Serax* at bedtime, your patient awakes refreshed, alert and active.
- Excellent patient acceptance with Serax*.¹

¹ Fouks et al., *Am. Med. Psychol.*, January 1966

Two Serax* 30 mg. tablets at bedtime facilitate normal sleep.

a.m.	noon	evening
		
1 tablet	1 tablet	2 tablets
		
		or 1 tablet

Serax* is also available in 10 mg. and 15 mg. capsules.



introduces

30 mg. tablet

dosage flexibility.

INDICATIONS: Serax is indicated for the management of anxiety, tension, agitation, irritability and anxiety associated with depression.

DOSAGE AND ADMINISTRATION: Because of the flexibility of Serax and range of emotional disturbances responsive to it, optimum dosage requirements should be individualized for maximum beneficial effects. The usual dose is 10 to 30 mg. 3 or 4 times daily.

SERAX is not indicated in children under 6 years of age. Absolute dosage for children 6 to 12 years of age is not established.

IMPORTANT NOTE: In geriatric patients, the dosage of 10 mg. 3 times daily may be increased cautiously (if necessary) to 15 mg. 3 or 4 times daily.

PRECAUTIONS: Since ambulatory patients given oxazepam may become drowsy or dizzy or experience reduced tolerance to alcohol, they should be cautioned against driving automobiles or operating dangerous machinery.

SIDE EFFECTS: The necessity for discontinuation of therapy due

to undesirable effects has been rare. Transient drowsiness is commonly seen in the first few days of therapy. If it persists, the dosage should be reduced.

When treatment is protracted, periodic blood counts and liver function tests may be advisable. Since leukopenia and hepatic dysfunction have been reported during therapy, the drug is to be used with caution in patients with previous liver damage. Ataxia with oxazepam has been reported in rare instances and does not appear to be specifically related to dose or age.

CONTRAINDICATIONS: Although there is no evidence from animal studies or in human confinements reported to date, to connect oxazepam with possible teratogenic effects, its use is not recommended in pregnancy.

SUPPLIED: Serax 30mg. tablets (white, scored) — bottles of 100 and 500.

ALSO SUPPLIED: Serax 10mg. and 15mg. capsules — bottles of 100 and 500.

Complete prescribing information is available on request.



Wyeth Ltd., Toron

*Registered Trademark †Trademark

If skin is infected,
or open to infection...

choose the topicals
that give your patient

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk — prompt clinical response

NEOSPORIN* Ointment

(Polymyxin B — Bacitracin — Neomycin) in tubes of 3.5, 15 and 30 Gm.

NEOSPORIN* Cream

(Polymyxin B — Neomycin — Gramicidin) in tubes of 15 Gm.

CORTISPORIN* Ointment

(Polymyxin B — Neomycin — Bacitracin — Hydrocortisone) in tubes of 3.5 and 15 Gm.

LIDOSPORIN* Cream

(Polymyxin B — Gramicidin — Xylocaine †Lidocaine) in tubes of 15 Gm.

NEOSPORIN for topical infections due to susceptible organisms, as in impetigo, surgical after-care, and pyogenic dermatoses.

CORTISPORIN, for topical infections due to susceptible organisms, with hydrocortisone to reduce swelling, exudation and pain.

LIDOSPORIN for treatment of infections, pain and itching.

Ingredients	■ NEOSPORIN OINTMENT per gram	■ NEOSPORIN CREAM per gram	■ CORTISPORIN OINTMENT per gram	LIDOSPORIN CREAM per gram
Polymyxin B	5 000 units	10 000 units	5 000 units	10 000 units
Neomycin Sulphate	5 mg.	5 mg.	5 mg.	—
Gramicidin	—	0.25 mg.	—	0.25 mg.
Bacitracin	400 units	—	400 units	—
Hydrocortisone	—	—	10 mg.	—
Xylocaine† Lidocaine	—	—	—	50 mg.



**Burroughs Wellcome & Co.
(Canada) Ltd.**
Montreal, P.Q.

PRECAUTIONS: As with other antibiotic preparations, prolonged use may result in overgrowth of non-susceptible organisms, including fungi.
Complete literature available on request.

*Trade Mark

†Reg. Trade Mark A.B. Astra, Sweden





The "Association"

**A good way
to deal with it.**

Depression is rarely encountered alone but frequently exists with associated anxiety. This association of depression and anxiety is often regarded as a single entity and can be treated with the single-entity drug Elavil*.

for
depression
& associated
anxiety*
Elavil
SINGLE-ENTITY ANTIDEPRESSANT
WITH A TRANQUILIZING ACTION

betnovate half strength

(Betamethasone 17-valerate)

The most successful topical steroid yet developed for severe skin disorders—it often succeeds when others fail. In half strength, it is highly effective and economical throughout a whole range of milder dermatoses.

It has been proven in severe cases¹—its rapid response and low cost make it by far the least expensive—it comes in the widest selection of strengths, sizes and forms of application, with or without neomycin.

¹Brit. Med. J. (1967) **4**, 275

Indications Relatively small amounts of Betnovate can give rapid and complete clearance of the more responsive dermatoses, and it has also proved to be uniquely effective in highly resistant diseases, including Psoriasis • Eczema • Lichen simplex • Anal and vulval pruritus • Seborrhoeic dermatitis • Intertrigo • Stasis eczema • Otitis externa • Lichen planus • Discoid lupus erythematosus • Generalised erythroderma • Contact sensitivity reactions and allergies. "Betamethasone 17-valerate is superior to fluocinolone acetonide in its therapeutic efficiency" and "...betamethasone 17-valerate closely approaches the criteria of the ideal topical corticosteroid."¹

Contra-Indications Betnovate products, like other topical corticosteroids, are contra-indicated in tuberculous, fungal and viral lesions of the skin, including herpes simplex, vaccinia and varicella. Betnovate is not for ophthalmic use.

Betnovate should not be used alone in the presence of infection. Suitable antibacterial measures should be applied in these cases, and topical steroid therapy may need to be withdrawn until the infection is controlled.

Presentation

Betnovate 0.1% betamethasone as 17-valerate. Betnovate ointment (greasy): 15 g. Tubes, 100 g. Jars, 1 lb. Jars. Betnovate cream (water-miscible): 15 g. Tubes, 100 g. Jars, 1 lb. Jars. Betnovate lotion (water-miscible): 20 ml. and 60 ml. Squeeze Bottle.

Betnovate ½ 0.05% betamethasone as 17-valerate. Betnovate ½ ointment (greasy): 15 g. Tubes, 45 g. Tubes, 1 lb. Jars. Betnovate ½ cream (water-miscible): 15 g. Tubes, 45 g. Tubes, 1 lb. Jars. Betnovate ½ Lotion (water-miscible) 60 ml. Squeeze Bottle.

Betnovate N 0.1% betamethasone as 17-valerate with neomycin (as sulphate) 3.5 mg/gm. Betnovate-N ointment (greasy): 15 g. Tubes, 100 g. Jars, 1 lb. Jars. Betnovate-N cream (water-miscible): 15 g. Tubes, 45 g. Tubes, 1 lb. Jars, 100 g. Jars. Betnovate-N lotion (water-miscible): 20 ml. Squeeze Bottle.

***References** (1) Arch. Derm. **86**, 608 (1962), (2) Arch. Derm. **89**, 741 (1964), (3) Lancet **1**: 1177-79 May 30 (1964), (4) Pennsylvania Med. (1966) **69**, 48, (5) Brit. Med. J. (1967) **4**, 275, (6) Arch. Derm. (1967) **95**, 514.

Low Cost—Its low cost is another good reason for prescribing Betnovate for all steroid responsive dermatoses—gram for gram it is the least expensive.

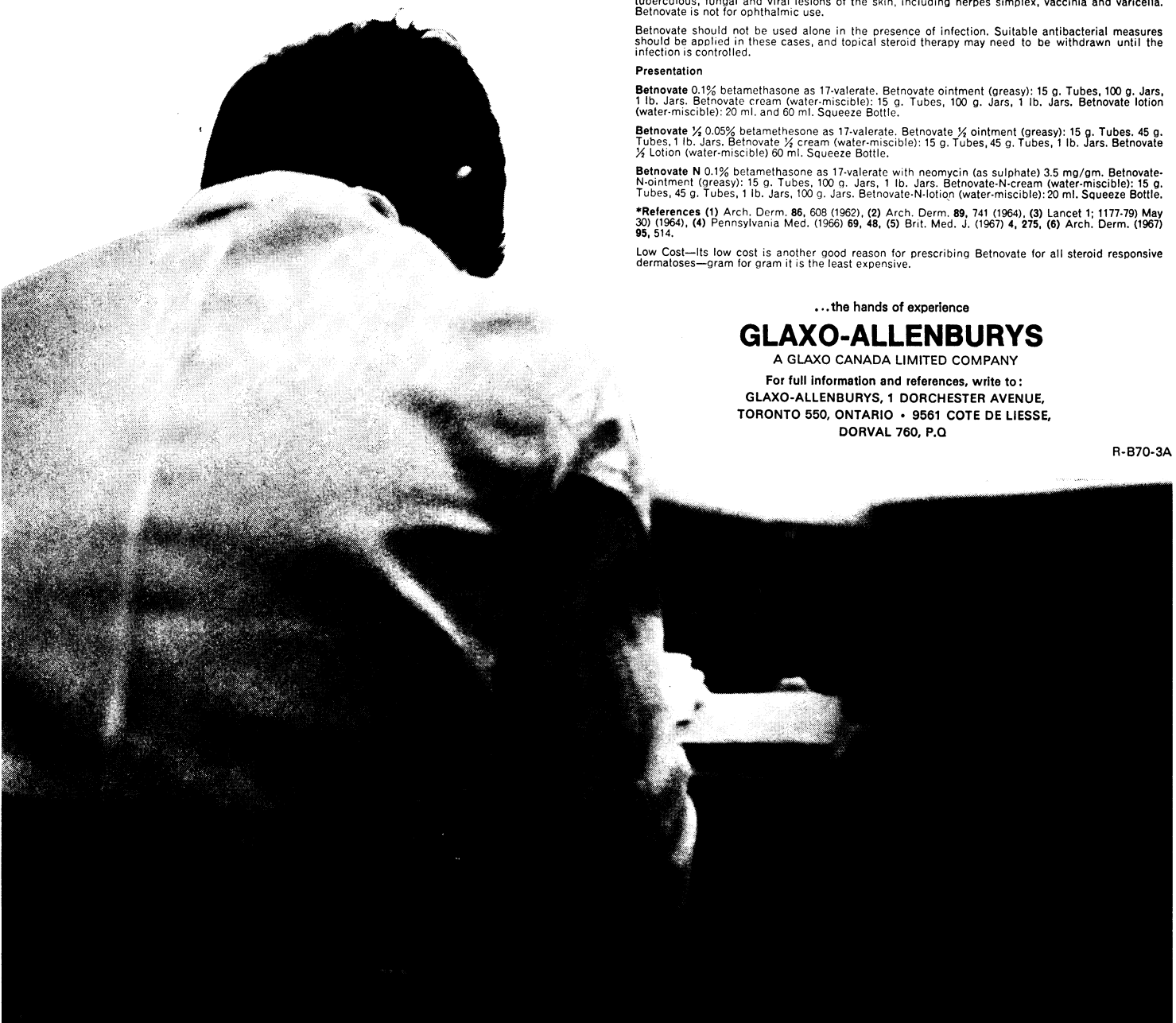
...the hands of experience

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R-B70-3A



Clinical research has shown that elevated serum cholesterol and triglyceride levels contribute to an increase in coronary heart disease

THERAPEUTIC APPRAISAL

Before its release for sale in Canada, in 1968, clinical trials with ATROMID-S had been carried out internationally over a period of 10 years, including 8 years in Canada and the U.S.A., and over 300 published studies had appeared in the scientific literature covering more than 3,000 patients. Some of these patients had been treated up to four years for disorders of lipid metabolism associated with atherosclerotic heart disease, cerebrovascular disease, peripheral vascular disease, xanthomatosis, and diabetes mellitus.

The effect of ATROMID-S is consistent and sustained. When the drug is withdrawn, even after continuous treatment for as long as four years, serum lipids often rise within two to three weeks up to or above pretreatment levels.

Well Tolerated by Most Patients

Patients accept long-term treatment easily as adverse reactions are minimal and infrequent. The most common side effect is nausea, reported in about 5%. Other gastrointestinal reactions, such as vomiting, loose stools, dyspepsia, flatulence, and abdominal distress occur less frequently.

... "ATROMID-S is probably the most effective and satisfactory drug for the treatment of hyperlipidemia currently available. The initial experimental and exploratory phases are now passed..."

Reduction of Elevated Serum Cholesterol Levels

Elevated serum cholesterol levels are usually reduced during the first month of ATROMID-S therapy — the higher the initial level, the greater the reduction. (see diagram)

SAFETY

Biochemical and clinical tests have confirmed that ATROMID-S lowers serum lipids through modification of normal physiologic processes. It inhibits cholesterol at an early stage of its biosynthesis and without the accumulation of toxic intermediates.

Reduction of Elevated Serum Triglyceride Levels

Reduction of elevated serum triglyceride levels has been reported in most patients with this abnormality. Patients with elevation of both serum triglycerides and serum cholesterol generally

respond more consistently. (see diagram)

Reduction of Elevated Serum Phospholipid Levels

Elevated serum phospholipid levels have been reduced in patients following therapy with ATROMID-S

Regression of Xanthomatous Lesions

In patients with essential hyperlipemia and xanthomatosis, ATROMID-S frequently reduces lipid deposits from the skin, tendons, and diabetic retinæ following treatment for some months. "The partial or complete resolution of tuberous xanthomatosis, and the partial disappearance of lipemic exudates in diabetic patients, indicate that ATROMID-S has an effect in reducing the desposition of lipids in certain tissues. The inference is that it may also reduce the deposition of lipids in arteries."²

Based upon observations in 1,000 age-controlled patients, Fredrickson reported that hyperlipidemia will be detected in 96% if both serum cholesterol and triglyceride determinations are performed.³

... "A detailed medical history, with particular attention to the familial occurrence of premature cardiovascular disease, and a careful physical examination form an essential part of the clinical evaluation of any patient with hyperlipoproteinemia. A few simple and inexpensive laboratory tests may be employed to detect an abnormality in the circulating serum lipoproteins."⁴

PRESCRIBING INFORMATION

Indications

ATROMID-S is indicated where reduction of serum lipids is desirable; eg, patients with hypercholesterolemia and/or hypertriglyceridemia.

Contraindications

While teratogenic studies have not demonstrated any effect attributable to ATROMID-S, its use is not recommended during pregnancy. Its use in nonpregnant women of child-bearing age may be undertaken in patients exercising strict birth control. When pregnancy is desired, the drug should be withdrawn several months before conception.

As pregnancy may occur despite birth control precautions in patients taking ATROMID-S, the benefits to the patient must be weighed against possible hazards to the fetus. The drug should not be given to lactating women and is not, as yet, indicated in children.

It is not recommended for patients with impaired renal or hepatic function.

For Precautions and Adverse Reactions, see scientific brochure.

Dosage and Administration

For adults only: One capsule (500 mg) four times daily.

Availability

No. 3243 — Each capsule contains 500 mg clofibrate N.F. in bottles of 100 and 360.

Further information, references, and scientific brochure available on request.

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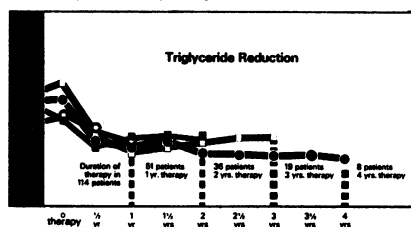
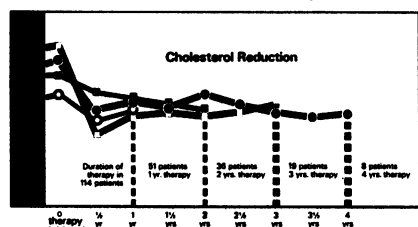
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Changes in serum cholesterol and triglyceride levels in 114 patients treated from 1 to 4 years with 2 gm Atromid-S (clofibrate) daily.



Of a total of 133 patients treated, there were 114 responders and 19 nonresponders. There were 51 responders in the one-year therapy group; 36 responders in the two-year group; 19 responders in the three-year group; and 8 responders in the four-year group.

Charts adapted from Oliver, M. F.: Progr. Biochem. Pharmacol. 2:2, 1967.

Atromid-S*

500 mg q.i.d. (clofibrate capsules N.F.)

safely and effectively lowers serum cholesterol and triglyceride levels

- without affecting metabolic balance
- without increasing heart rate

If research
produced a Topical
Corticosteroid
that proved
economical
because it was more effective—
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rapid release
of the steroid
could be used
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and all
in a single
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It would probably be called a major breakthrough
in the treatment of
Steroid-Responsive
Dermatoses



We call it

Lidex

Fluocinonide in FAPG base

a new corticosteroid development in a new vehicle concept

A unique steroid/base delivery system consistently superior to existing compounds
 effective in acute or chronic dermatoses
 effective in chronic, resistant dermatoses
 can be used on weeping or dry lesions
 contains no sensitising lanolins or parabens

Abridged Prescribing Information*

Indications: for topical use in management of corticosteroid responsive dermatoses.

Contraindications: tuberculous, fungal and most viral lesions of the skin – in individuals with a history of hypersensitivity to its components. Not for ophthalmic use.

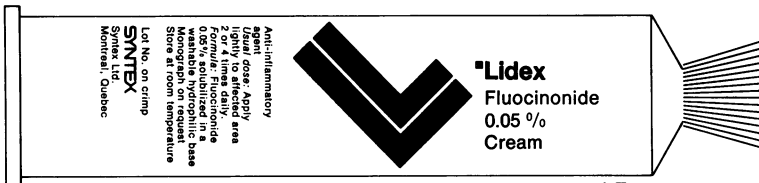
Precautions: should sensitivity occur, the agent should be discontinued. In the presence of infection, the use of an appropriate antifungal or antibacterial agent should be instituted. Not presently recommended for occlusive therapy. Should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Adverse Reactions: on rare occasions, some local burning, irritation or itching.

Dosage: a small amount applied two to four times daily.

Availability: Lidex (fluocinonide 0.05% in FAPG base) 15 g and 45 g tubes.

*Monograph on request



15 g
45 g

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Data on file, Syntex Ltd.

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SYNTEX

Syntex Ltd.
Montreal, Quebec



In Infection and Inflammation Neo-Cortel

Hydrocortisone Acetate 1% Cream

Upjohn Laboratories, Kalamazoo, Michigan

Indicated for relief of the symptoms of inflammation and conditions of the skin.

Neo-Cortel Cream is a potent anti-inflammatory agent for the treatment of skin lesions and conditions of the skin.

Indications

Neo-Cortel Cream is indicated for the treatment of the following conditions: allergic reactions, contact dermatitis, eczema, psoriasis, seborrheic dermatitis, sunburn, and other inflammatory skin conditions. It is also indicated for the relief of itching and redness associated with these conditions.

Directions for Use


Apply a thin layer of Neo-Cortel Cream to the affected area of the skin, 2 to 4 times daily. Rub gently until the cream is absorbed. Do not use on the face, especially around the eyes, or on the skin of the nose. Avoid use on open wounds, ulcers, or other broken skin. If irritation occurs, discontinue use.

Neo-Cortel Cream is a potent anti-inflammatory agent. It should be used with caution in patients with known hypersensitivity to corticosteroids. It should also be used with caution in patients with a history of peptic ulcer, diabetes, or other systemic conditions. Patients should be advised to avoid prolonged use of the cream, as this may lead to skin atrophy or other adverse effects.

Upjohn

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NEO-CORTELS



For overwhelming
pneumonias.



Keflin I.V.

sodium cephalothin

effective
antibiotic therapy
valuable in patients
who cause concern



Please turn page
for prescribing information.



^R Keflin I.V. sodium cephalothin

provides major therapy with minimal risk

Indications: A broad-spectrum bactericidal antibiotic indicated in infections due to susceptible strains of the following organisms: *Staphylococcus aureus* (penicillin-sensitive and penicillinase-producing), beta-hemolytic and other streptococci (many enterococci, e.g., *Streptococcus faecalis*, are relatively resistant), pneumococci, clostridia, *Hemophilus influenzae*, *Neisseria gonorrhoeae*, *Escherichia coli* and other coliform bacteria, *Klebsiella-Aerobacter* sp., *Proteus*, *Salmonella* sp., and *Shigella* sp.

Keflin (sodium cephalothin, Lilly) has been effective in serious infections of the respiratory, genito-urinary, and gastro-intestinal tracts, soft tissue and skin, bones and joints, bloodstream, and cardiovascular system due to susceptible organisms and in cases of peritonitis, septic abortion, and staphylococcus and pneumococcus meningitis. Effectiveness has not been established in other meningial infections.

Pseudomonas is notably resistant. Although all tested strains of group A streptococci, pneumococci, and penicillin-sensitive and penicillinase-producing staphylococci and a majority of the strains of *H. influenzae*, *Proteus*, *Esch. coli*, and *Klebsiella-Aerobacter* are sensitive to concentrations of Keflin achieved in the serum or urine, culture the organism and establish its susceptibility.

Contraindication: Keflin is contraindicated in persons who have shown hypersensitivity to it.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS' CEPHALOSPORIN C DERIVATIVES SHOULD BE USED WITH GREAT CAUTION, THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS. INSTANCES OF PATIENTS WHO HAVE HAD SEVERE REACTIONS TO BOTH DRUGS, INCLUDING DEATH FROM ANAPHYLAXIS, HAVE BEEN REPORTED.

Administer Keflin cautiously and only when necessary to any patient who has demonstrated allergy, particularly to drugs.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: Keflin is physically compatible with most commonly used I.V. fluids and electrolyte solutions. In general, it is not compatible with compounds of high molecular weight or with alkaline earth metals. Its addition to solutions having pH below 4 or above 7 is not advised.

Follow patients carefully; if allergic reaction occurs, discontinue the drug and treat the patient with the usual agents (e.g., epinephrine, antihistamines, pressor amines, or corticosteroids).

Some individuals, particularly those with azotemia, have developed positive direct Coombs tests during cephalothin therapy. There has not been definite evidence of hemolytic anemia from use of the drug. However, in hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received Keflin during pregnancy, a positive Coombs test may be due to the drug.

I.V. infusion of more than 6 Gm. daily for longer than three days may be associated with thrombophlebitis, and the veins may have to be alternated.

Prolonged use of Keflin may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If superinfection occurs during therapy, take appropriate measures.

A false-positive reaction for glucose in the urine may occur with Benedict's or Fehling's solution or with Clinitest® tablets but not with Tes-Tape® (urine sugar analysis paper, Lilly).

Adverse Reactions: *Neutropenia*—Several instances, possibly drug related, have occurred in patients receiving Keflin.

Allergy—Maculopapular rash, hives, and eosinophilia have appeared infrequently. A few cases of anaphylaxis, including one after the first injection of Keflin, have been reported. Cross-allergy with other antibiotics has not been conclusively demonstrated but cannot be ruled out. Allergic responses have occurred in some penicillin-sensitive patients.

Blood, Hepatic, and Renal Studies—Moderately elevated BUN in patients with marked reduction in renal function returned to normal when Keflin was administered. Higher and more prolonged systemic antibiotic concentrations have occurred in patients with either transient or persistent reduction of urinary output; in such cases, total daily dosages of Keflin should be proportionately less.

Other—Some patients experience pain after I.M. injection of cephalothin. The 500-mg. dose is well tolerated, but 1-Gm. doses will cause increasing pain in most patients and may become intolerable by the fifth to seventh day. Induration and tenderness and elevation of temperature have been noted after repeated I.M. injections. Since sterile abscesses have been reported following subcutaneous injection of the 1-Gm. dose of cephalothin, the need for deep intramuscular injection is emphasized.

In a few patients, persistent fever not accompanied by inflammation at the injection site appeared to be the type of drug fever observed with penicillin and other antibiotics. It subsided abruptly when the drug was discontinued.

Administration and Dosage: Methods of administration and treatment vary with the clinical condition. For additional details, consult the package literature.

In adults, the usual dosage range is 500 mg. to 1 Gm. q. 4 to 6 h. In certain severe or life-threatening infections, 4 to 12 Gm. per day may be indicated. Reduce dose to a maximum of 6 Gm. daily in patients with oliguria or BUN elevation (see package literature).

In infants and children, the dosage should be proportionately less in accordance with age, weight, and severity of infection. Usually, 50 mg. per Kg. are given daily in divided doses.

How Supplied: Ampoules Keflin (sodium cephalothin, Lilly), equivalent to 1 Gm. cephalothin, 10-ml. size, rubber-stoppered.

Additional information available on request.

ELI LILLY AND COMPANY (CANADA) LIMITED
TORONTO, ONTARIO



First Line of Attack



Kenalog®  **SQUIBB**
 Squibb triamcinolone acetonide, 0.1%
Squibb Quality—the Priceless Ingredient

Full information is available on request



Most hypertensive patients are 'rautractable'

In the treatment of hypertension, lowering blood pressure is only one of the physician's problems.

In most cases, the emotional fluctuations, often associated with the disease, must also be alleviated for successful long term management.

Along with advice, to help patients adjust to life's pressures

and learn to live with their hypertension, judicious use of Rautractyl is therefore regarded as basic first-line therapy.

Rautractyl helps calm anxious and tense patients through the gentle tranquilizing action of its Rauwolfia component. Simultaneously, blood pressure is stabilized by the complementary antihypertensive effects of Rauwolfia and thiazide in combination.

When a comprehensive effect is desired, even in patients with early essential hypertension, Rautractyl may be started with confidence.

Many years of use attest to the effectiveness and tolerability of Rautractyl. This long experience clearly shows that a vast number of hypertensive patients are indeed Rautractable.

Rautractyl[®]

Squibb bendroflumethiazide, rauwolfia serpentina and potassium chloride



SQUIBB

Squibb Quality - the Priceless Ingredient

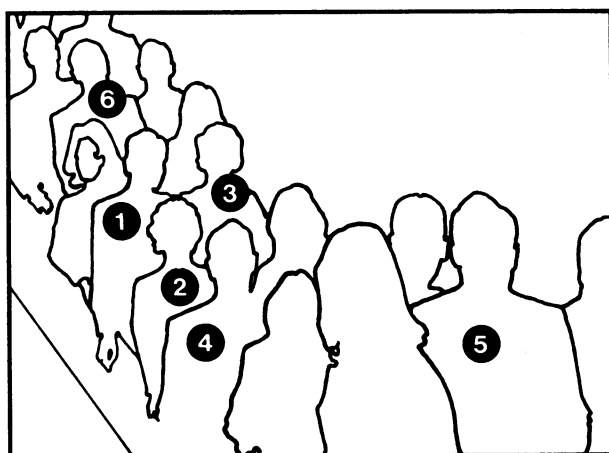
Indications: Essential hypertension. **Contraindications:** Hypersensitivity to thiazides, other sulfonamide-derived drugs or Rauwolfia; severe renal disease, azotemia, anuria or severe hepatic disease; mental depression, suicidal tendencies, active peptic ulcer and ulcerative colitis. **Warnings:** A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical and should be discontinued if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occur. Use cautiously in pregnant or lactating patients or in women of childbearing age. The drug crosses the placental barrier and may cause blood dyscrasias or other serious reactions. Discontinue the drug two weeks before ECT to avoid severe or fatal reactions. Activation of systemic lupus erythematosus may occur. Accumulation of the drug and azotemia may occur in patients with impaired renal function. Use cautiously in patients with impaired hepatic function. **Precautions:** When adding Rautractyl to ganglionic blocking agents, guanethidine, veratrum, hydralazine or methyldopa, reduce the dosage of these drugs by 50%. Blood pressure reduction must be constantly monitored. Orthostatic hypotension may occur and is aggravated by CNS depressants. Discontinue therapy two weeks prior to elective surgery. Increased responsiveness to pre-anesthetic and anesthetic agents and tubocurarine, and decreased arterial responsiveness to norepinephrine may occur. Use cautiously with digitalis and quinidine. Watch patients for reactivation of peptic ulcer. Electrolyte imbalance may occur especially in patients with cirrhotic edema and ascites, in the debilitated, aged and patients taking steroids, ACTH or digitalis. Serum PBI levels may be decreased. **Adverse reactions:** The following have been reported with thiazide and Rauwolfia ingredients: increased glycemia, glycosuria and metabolic acidosis in diabetic patients; increased serum uric acid levels, G.I. disturbances, muscular or abdominal cramps, pruritus, paresthesias, headache, weakness, dizziness, vertigo, restlessness, rash, urticaria, ecchymoses and photosensitivity. Angina-like symptoms, arrhythmias, bradycardia, CNS reactions, nasal congestion, dryness of mouth, impotence or decreased libido, dysuria, weight gain and reversible extrapyramidal symptoms have been reported. Jaundice or other liver disturbances, purpura and other blood dyscrasias, acute pancreatitis, xanthopsia, and necrotizing angitis have also been reported. **Dosage:** Rautractyl-2: Initially - 2 to 6 tablets daily. Maintenance - 2 to 4 tablets daily. Rautractyl-4: Initially - 1 to 4 tablets daily. Maintenance - 1 to 2 tablets daily. Complete prescribing information available on request.

People vary...



so Hoechst developed a diuretic that permits precise individual response

Every patient's requirement is different. And Lasix®—with an efficacy beyond that of any thiazide—provides prompt, predictable, dose-regulated diuresis that permits precise control. Whatever the required response, dosage can be adjusted to produce it. And rapid-onset, short-duration Lasix, with its more physiologic Na/K ratio, also provides a wide dose-related margin of safety, even in refractory edemas. Lasix has less effect on carbohydrate metabolism than the thiazides. Versatile Lasix is useful in a wide variety of patients. It outperforms the thiazides in easy-to-control to severe cardiac, hepatic and renal edemas, and is also effective in mild to moderate hypertension. All of which adds up to why Lasix is now the standard of diuretic therapy.



- 1 This man, with chronic glomerulonephritis, developed edema and gained weight despite treatment with other diuretics. Within 6 days of having been switched to Lasix 80 mg. b.i.d. all edema disappeared. He then continued on Lasix 40 mg. b.i.d. as maintenance therapy.
- 2 After 6 weeks of treatment for hypertension with no appreciable results, this woman was administered Lasix. Within 1 week her blood pressure dropped significantly. However, when another medication was tried for 3 weeks, her blood pressure rose again and was only restored once Lasix was readministered.
- 3 This patient, suffering from refractory congestive heart failure and paroxysmal atrial tachycardia was administered Lasix 40 mg. t.i.d. Her refractory congestive fluid retention responded greatly to Lasix therapy where previous treatment had been inadequate.
- 4 This patient suffering from acute pulmonary edema following myocardial infarction was given Lasix Parenteral 40 mg. Within 5 hours and after voiding 910 ml. of urine, he was no longer in respiratory distress.
- 5 This gentleman was admitted to hospital with cardiac decompensation, diabetes mellitus and impaired renal function. Having not responded to previous therapy, Lasix 80 mg. b.i.d. was administered and a remarkable diuresis ensued especially in light of impaired renal function.
- 6 This man, suffering from rheumatic heart disease with mitral stenosis was started on 80 mg. Lasix daily. Within 9 days his peripheral edema was reduced from 3+ to 1+ and he lost 19 lbs. Dosage of Lasix was then reduced to 40 mg. per day until his condition was clear.

Complete case histories on file in Medical Dept., Hoechst Pharmaceuticals.

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Departments Suggested

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- and other Classifications as required.

COURSES

COMPREHENSIVE PREPARATORY PROGRAMS for ECFMG, LMCC, FLEX, also individual counselling on physician's job opportunities in the U.S. and Canada. Contact: Postal Coaching Associates, P.O. Box 65-H, Scarsdale, N.Y. 10583, U.S.A.

FELLOWSHIP IN INFECTIOUS DISEASES — U.S. licensed physician 2-3 years after M.D. Balanced program of clinical, research and teaching opportunities in 1600-bed University-VA hospital complex. July 1, 1972; \$11,000-\$13,000. Inquire: Dr. Ian M. Smith, Department of Medicine, University Hospitals, Iowa City, IA 52240, U.S.A.

FELLOWSHIP IN PERINATOLOGY available August 1, 1972. Experience in neonatal care required. Facilities for clinical or laboratory research available. Write to: Dr. M. A. Llewellyn, Division of Pediatrics, Women's College Hospital, Grenville St., Toronto 7, Ont.

LOCUM TENENS AVAILABLE

ANESTHETIST LOCUM AVAILABLE July 1-August 5, 1972. Writing certification this September. Wide experience; references available. Prefer Southern Ontario but prepared to consider any suitable alternative. Reply to Box 690, CMA Journal.

BRITISH DOCTOR, young, active, considering emigrating, seeks locum general practice or emergency room for July, August and September 1972. Own transport to Canada. Reply to Box 689, CMA Journal.

BRITISH SENIOR SURGICAL REGISTRAR, London teaching hospital, FRCS (Eng.) 1967. Seeks locum, preferably surgical but G.P. considered. Any 4 weeks between July 22-September 2, 1972. Accommodation for self, wife and 3 children. Reply to Box 693, CMA Journal.

BRITISH COLUMBIA General Practitioner, available for locum July or August or both months. Anywhere in Canada considered but preferably rural area. Also certificated in anesthesia and diagnostic radiology by Royal College. Accommodation desired. Reply to Box 666, CMA Journal.

DALHOUSIE GRADUATE, 11 years' experience in general practice, requires locum April-July 1972, or any part thereof. Prefer Maritimes, however, will travel. Reply to Box 665, CMA Journal, or Telephone (902) 463-1509.

G.P. LOCUM AVAILABLE for summer months (July-September) with a view to possible permanent emigration next year. Please write, as soon as possible, to: Dr. Andrew M. O'Connor, North Infirmary, Cork, Ireland, or telephone Cork 51244.

ENGLISH GRADUATE, qualified 4 years; some surgical experience and previous Canadian practice experience, seeks locum(s) of up to 3 months in general practice or otherwise during period mid-June to mid-September 1972, anywhere in Canada. Contact: Dr. B. Pentlow, 16 Larch Rd., Kettering, Northants, England.

LOCUM TENENS WANTED

ANESTHESIOLOGIST — Locum tenens required by well established group in St. John's, Newfoundland, for the period April-Nov. 1, 1972, or any reasonable part thereof. Salary commensurate with qualifications. Return economy air fare and car provided. Reply to Box 598, CMA Journal.

DIAGNOSTIC RADIOLOGIST LOCUM for the months of July and August 1972 in Winnipeg, Manitoba. Living accommodation provided, handsome salary, car provided. Air fare to and from Winnipeg if necessary. Reply to Box 610, CMA Journal.

DIAGNOSTIC RADIOLOGIST required for months of May, June, July and August 1971, all or part thereof, by radiological group in Winnipeg, Manitoba. Practice consists of hospital, clinic and private office work. Contact: Drs. Garfield, Hope & Bender, 394 Graham Ave., Winnipeg, Man.

LOCUM REQUIRED for summer months beginning June 12 to Labour Day by 4-man group, Northern Ontario practice. Modern 36-bed hospital with opportunity for experience in surgery and anesthesia. Night and weekend work shared in rotation with other members of group. Salary \$1500 per month, plus car allowance and house provided for locum and family. Apply to: Drs. Gibbon, Higgins, and King, P.O. Box 280, Englehart, Ont.

LOCUM TENENS REQUIRED for months of July and August 1972, mid-June to mid-September optional; stay on in partnership if mutually agreeable. Apply: Drs. Row/Fattah, Box 520, New Hamburg, Ont., or Telephone (519) 662-1551.

LOCUM TENENS WANTED July 1 to July 31, 1972. General practice; well equipped hospital; small town in Northwestern Ontario; excellent boating and fishing. Salary \$2000 plus car and travel expenses; free accommodation available. Reply to Box 642, CMA Journal.

LOCUM TENENS for months beginning September 15, 1972 to October 31, 1972 for South-west Ontario near London. Paradise for all sorts of sports. This is suitable for an applicant who is capable of doing general surgery plus some general practice. Remuneration over \$2000 per month depending on gross. Free board. 2 referees needed. Reply to Box 552, CMA Journal.

LOCUM TENENS REQUIRED for general practice in Vancouver July 3-August 20, 1972. State experience, desired remuneration, whether car is required. Should be in Vancouver in time to register and to apply for temporary admitting privileges. Reply to Box 619, CMA Journal.

LOCUM TENENS REQUIRED, for August 1972, in small town in Eastern Ontario, with a certificated surgeon doing general surgery and general practice. No obstetrics and no surgery required. Better than average remuneration. Reply to Box 660, CMA Journal.

LOCUM TENENS WANTED for July and August 1972 in a 2-doctor clinic, to replace doctor on vacation. Pleasant working conditions. Salary negotiable as to the going wages. Contact: Hanover Medical Clinic, Box 640, Steinbach, Man. ROA 2A0. Telephone: 326-3463.

OPHTHALMOLOGIST wanted for a locum for a period of one year, to work in a modern well equipped office associated with 2 other ophthalmologists. The locum to commence December 1972 for a period of one year. Applicant must be eligible for Specialist Certification in British Columbia (FRCS or equivalent). House and car available. Remuneration generous. Reply to Box 600, CMA Journal.

PATHOLOGIST LOCUM REQUIRED for private laboratory in Toronto. Months of July and August; salary \$2500 per month. Reply to Box 683, CMA Journal.

POSITIONS VACANT

ANESTHESISTE DEMANDE certifié ou éligible, pour pratique de groupe dans hôpital régional de 290 lits. Travail diversifié, revenu très intéressant, association rapide. Ecrire ou téléphoner à: Dr. Roland Hould, Hôpital Ste-Marie, Trois-Rivières, P.Q. (819) 375-6872.

ANESTHETIST — Qualified specialist anesthetist to work in large West Canadian University Hospital. Reply to Box 643, CMA Journal.

ANESTHETIST—University Hospital, Department of Anesthesia, Saskatoon, Saskatchewan—A position will be vacant July 1, 1972 on the attending staff. The position carries an academic appointment in the College of Medicine, but is limited, in the first instance to 12 months. Interested candidates please submit curriculum vitae and write for further details to: Dr. Gordon M. Wyant, FRCP(C), Department of Anesthesia, University Hospital, Saskatoon, Sask.

ANESTHESIOLOGIST — Certified or eligible for certification by R.C.P. & S.(C), required to join well established group in St. John's, Newfoundland. Reply to Box 589, CMA Journal.

ANESTHETIST REQUIRED from July 1, 1972, to associate with multi-specialty group in interior of British Columbia. Reply to Box 641, CMA Journal.

ASSISTANT PROFESSOR, University of Alberta, Edmonton — The Department invites applications for a position as Assistant Professor. The appointment will commence on July 1, 1972. Preference will be given to a person with lecturing experience in either histology or gross anatomy. Applications, which should include a full curriculum vitae and the names of 3 referees, should be sent by May 1, 1972 to: Dr. T. S. Leeson, Chairman, Department of Anatomy, University of Alberta, Edmonton, Alta.

ASSISTANT — 5-man general practice group near Toronto, Ontario. Incentive salary program — \$2000-\$3500 per month depending only on personal involvement. Permanency assured to the right individual. One weekend duty per month. New 100-bed hospital in area. Reply to Box 640, CMA Journal.

DOCTORS ABROAD: Copies of vacancies advertised in the Journal can be sent by AIR MAIL for a period of 12 weeks (6 issues of the Journal). The cost of this service is \$7.50 (Canadian). Payment must be PREPAID and enclosed with request.

DIRECTOR OF ANESTHETICS, Royal Hobart Hospital, Hobart, Tasmania — Applications are invited from registered medical practitioners with an approved higher qualification in anesthetics for appointment to the above position. The Royal Hobart Hospital is the main Teaching Hospital attached to the Faculty of Medicine, University of Tasmania. It has a bed capacity of 560 beds and had a 12,930 patient admissions and 219,937 outpatient attendances for the year ended June 30, 1971. The bed capacity will be increased by a further 119 beds when the current building program is completed. Assistance towards travelling expenses in taking up duty available. Applicants from the United Kingdom should apply in this regard to the Agent General for Tasmania in London, England. Applicants from other overseas countries may receive expenses of up to \$A1000 with a 3 year bond. Annual leave of 4 weeks each year and long service leave of 3 months after each 10 years of service. State retirement benefits fund. Salary \$A15,609 per annum. Applications accompanied by the names of referees, close on June 30, 1972. Salaries and conditions of service are subject to such changes as may be determined by the appropriate authority when such matters become subject to general review. Applications in writing, addressed to: General Superintendent, Dr. G. Mackay-Smith, G.P.O. Box 1061L, Hobart, Tasmania 7001, from whom further particulars may be obtained.

ASSISTANT with Ontario license, required for 3-man practice West Toronto. Open hospital and excellent working conditions. Must do simple obstetrics. Immediate partnership if capital available. Reply to Box 628, CMA Journal.

ASSISTANT WANTED IMMEDIATELY to 2 general practitioners in Corner Brook, Newfoundland. Salary \$2000 per month. Passage paid; house available. Reply to Box 679, CMA Journal.

ASSISTANT EXECUTIVE SECRETARY for Provincial Medical Association. This position is available immediately. Duties include working with committees on economics, hospitals, health planning and peer review, etc. There are some evening meetings to attend and a few weekends each year. Applicant must be a physician licensed to practise in British Columbia. Salary will be commensurate with experience and ability, and both salary and benefits will be discussed with applicants on a confidential basis. Applications will be received until May 15. Enquire: Staffing Committee, B.C. Medical Association, 1807 West Tenth Ave., Vancouver 9, B.C. Telephone: (604) 736-5551.

ASSOCIATE WANTED to join a long established general practice and mixed group in Regina, Saskatchewan. Full range of practice for a family doctor; first rate hospital and laboratory facilities and new accommodation in a modern professional building. Excellent starting salary; increments and early partnership. Please give particulars of personal interests and qualifications. Reply to Box 663, CMA Journal.

BUSINESS MANAGER for medical clinic of 9 doctors in town of 9000 in central Manitoba. Experience in personnel management, accounting and public relations an advantage. Experience in health field helpful but not essential. State qualifications and desired salary range. Reply to Box 674, CMA Journal.

CARDIOLOGIST/INTERNIST with special interest in either gastroenterology or endocrinology, both of consultant status. Minimum requirement is eligibility to sit the examinations of the Royal College of Physicians and Surgeons of Canada. Excellent diagnostic facilities are available. A mutually agreeable starting rate based on training, experience and qualifications will be arranged. Partnership is possible after one year. Pension, group life and disability income insurance, vacation, illness and other leave programs are in effect within this regional multi-specialty medical group. An airmail reply will receive prompt attention if addressed to: Dr. Neville H. Smith, Vice-Chairman, P.O. Box 557, Regina, Sask.

CAMP DOCTOR — Resident Camp Doctor required for Lake Massawippi near Ayer's Cliff in the Eastern Townships for the period July 1-August 15, 1972. Salary covered by Medicare; guaranteed minimum \$1500; accommodation provided. Qualifications: Eligibility for licence to practise medicine in the Province of Quebec. Duties: The Camp population covers 110 children and 80 staff members, including 2 registered nurses who are permanent staff of the Centre. This is an excellent opportunity for anyone interested in handicapped children to observe a cross section of various disabilities. For additional information contact: Executive Director, Mackay Centre, 3500 Decarie Blvd., Montreal 260, P.Q., telephone: 482-0500.

DOCTORS — One or 2 doctors for 27-bed hospital and 50-bed nursing home. Excellent facilities for surgery and obstetrics. Equipped office space available. Wonderful opening for a 2-man medical, surgical team. Large drawing area with good potential income. Write or call: Griggs County Hospital, Attention: Leon Sayer, Jr., Cooperstown, ND 58425, U.S.A.

DOCTOR REQUIRED — The Town of Coronation, Alberta, requires a second doctor, with good anesthetic experience, to work with present doctor, as assistant, or on his own (terms negotiable). Modern 25-bed hospital, and new 33-bed nursing home. Coronation has a population of 1100, and serves a large rural area. This is a fully modern town, with excellent schools, churches and recreational facilities. A new home is available for rent to a doctor. Please submit inquiries to: Town Secretary, Box 219, Coronation, Alta.

DOCTOR REQUIRED — Borden Union Hospital requires a doctor as soon as possible. New, 3 bedroom residence available. Good, black-top highway 35 miles to Saskatoon. Contact: T. L. Ferris, Board Chairman, Borden, Sask. Telephone: (306) 997-4527.

DOCTOR REQUIRED by the Village of Madoc, Ontario, midway between Toronto and Ottawa, with nearest hospital 25 miles away at Belleville. This is a tourist and farming area with a stable population of 5000, presently served by one full-time and one semi-retired physician. A medical-dental clinic is planned. Good schools and recreational facilities are available. This area is designated as underserved by the Ontario Department of Health and interested physicians may apply to that department for a contract with a guaranteed annual income of \$28,000 or an incentive grant of \$15,000. Apply to: Miss Olive G. Ashe, Clerk-Treasurer, Madoc, Ont.

DOCTOR REQUIRED by 7-man clinic; preference given one interested in gynecology and a small amount of general practice. Modern clinic, hospital built in 1971. Salary in line with experience and training. Apply to: Box 5600, Drumheller, Alta.

DOCTOR REQUIRED to join 5-man clinic. Permanent position. 87-bed hospital. Salary \$1600 per month or more depending upon experience and qualifications. Doctor with anesthetic experience or qualified anesthetist especially welcomed. Apply to: Emerson Medical Clinic, 3210 Emerson St., Terrace, B.C.

DOCTOR WANTED for solo practice, Tyne Valley, Prince Edward Island — or suitable for 2 practitioners with energy and initiative. Opportunity to practise medicine, obstetrics, pediatrics and minor surgery in a 13-bed hospital. Present restricted practice of 3000 patients. Financially rewarding. Reply to Box 655, CMA Journal.

EMERGENCY ROOM PHYSICIAN — 200-bed hospital needs fourth emergency room physician. City of 20,000, twenty miles from Florida line. Exceptional recreational area, golf, fishing, hunting. \$35,000 guarantee. Contact: Director, John D. Archbold Memorial Hospital, Thomasville, GA 31792, U.S.A. or telephone: (912) 226-4121.

FAMILY DOCTOR REQUIRED for general practice group just outside Toronto. Modern office facilities and relatively open hospital. Generous remuneration. Apply: Dr. D. G. Marshall, 118 Queen St. W., Brampton, Ont. Telephone: 451-1244.

FAMILY PHYSICIAN, experienced and energetic, to join same in busy practice. Salary according to experience; a view to association. Small hospital in town with 3 major hospitals within 15 miles. Small historic town in Niagara Peninsula with pleasant surroundings and recreational facilities. Position open immediately. Reply to Box 670, CMA Journal.

FAMILY PHYSICIAN required for active family practice group in west suburban Toronto. Commence summer 1972. Excellent working conditions. Minimum salary \$20,000. Reply with particulars to Box 599, CMA Journal.

FAMILY PHYSICIANS (2) for new Levack-Onaping Medical Centre, to join group of 3, serving communities of 6000. Modern building with excellent treatment facilities near (24 miles) major hospitals and consulting services. Positions eligible for Ontario Government guarantee income of \$33,000. Apply to: Onaping Medical Centre, P.O. Box 40, Onaping, Ont.

FAMILY PRACTICE OPPORTUNITY — We have been asked to help locate a number of physicians for a very well financed pioneer development in the family practice field. The project will operate to the highest standards of medicine and has excellent laboratory and specialist support. Because of its size it also offers an unusual opportunity for friends to practise in association with one another. To maintain personal contact and avoid the disadvantages of large groups, the service will operate in basic units of 5 physicians, and will emphasize the problem-oriented approach to patient care. In the initial stages of the development the principals are willing to discuss short term appointments as well as long term. Significantly higher than average income opportunity is offered as well as an attractive climate — Florida. It will be necessary for successful candidates to sit the Florida Boards in July. It is planned to arrange group meetings for interested physicians. If you are interested please leave your name and telephone number at (416) 429-1799 or write to: Medical Placement Service, 1 Medical Place, Don Mills, Ont.

FAMILY PHYSICIAN AND INTERNIST for 8-man group in Niagara Peninsula city. Excellent hospital, educational and recreational facilities. All group advantage plus income based on your individual effort. Reply to Box 839, CMA Journal.

FAMILY PRACTITIONER — Active medical group of 40 doctors, 35 miles from Toronto, Ontario, requires additional full time family practitioners. Liberal salary and fringe benefits and early opportunity for partnership. Please write to: Medical Director, Oshawa Clinic, 117 King St. East, Oshawa, Ont.

FAMILY PRACTITIONER required to join a well established group of 4 in suburban Winnipeg. Will be a replacement for a member who is leaving shortly. Rotating call system. One month paid holiday with partnership in one year if mutually satisfactory. For further details, reply to Box 662, CMA Journal.

FAMILY PRACTITIONER to assist 2-man group in this growing interior community. New 25-bed hospital. Salary \$1600 per month plus automobile expenses. Partnership considered after one year if mutually agreeable. Write: Drs. Hicks and Bosomworth, Box 69, Princeton, B.C. or telephone: 295-3228.

FAMILY PRACTICE — Experienced family practitioner, willing to work hard, wanted as soon as possible for expanding 3-man group in Central Alberta, on main highway from Calgary-Edmonton. 50-bed general hospital in town. Good opportunity to build practice quickly. Early partnership offered to the right man. Starting salary \$1600-\$2000. Please reply to Box 669, CMA Journal.

GENERAL PRACTICE — Solo general practice in group setting. Benefits of small group where new member receives full fee for services. Overhead shared equally; unique business methods reduce overhead. Busy group; 3 months off per year. Apply: Dr. Bruce Dovey, 735 Stewart Ave., Kamloops, B.C.

GENERAL PRACTITIONER ASSISTANT wanted in rural Manitoba for unopposed practice. Anesthesia experience preferred. Excellent well equipped 70-bed hospital presently served by 3 doctors. One doctor leaving for specialization. Recent graduate preferred. Initial salary \$1500 monthly offered. Position vacant immediately. Reply to Box 687, CMA Journal.

GENERAL PRACTITIONER (MD) wanted for Carrington, North Dakota, a growing center of a rural agricultural community. Write: Medical Committee, Chamber of Commerce, Carrington, ND 58421, U.S.A. or telephone: (701) 652-2102.

GENERAL PRACTITIONERS — Medical Placement Services Ltd. has several vacancies for general practitioners, predominantly in Ontario. Many of these posts offer outstanding future possibilities. Some opportunities are also available for specialists. Please indicate your field of interest to: Medical Placement Services Ltd., 1 Medical Place, Don Mills, Ont.

OMNIPRATICIENS (3) demandés pour ville industrielle située sur la rive nord du St-Laurent, paradis de la chasse et de la pêche. Les intéressés doivent s'adresser à M. Roland Fournier ou au Dr. Jos DiGaspari, Hôpital Général de Baie Comeau, Qué. 296-2281.

GENERAL PRACTITIONERS — An expanding medical practice group in Edmonton, Alberta of 11 doctors including 4 specialists, require general practitioners. Situated near a new hospital, the modern clinic is well equipped with X-ray and laboratory services. Opportunities exist for profit sharing, early partnership and other benefits. Excellent educational and recreational facilities available. For further information, please reply to Box 634, CMA Journal.

GENERAL PRACTITIONER REQUIRED for Industrial Medical Clinic in Southwestern Ontario. Work involves family medicine in addition to industrial medicine. Well regulated hours. Starting salary \$600 per week plus percentage bonus annually. Reply to Box 680, CMA Journal.

GENERAL PRACTITIONER required for family practice in northern community of British Columbia commencing July 1, 1972. One hour twenty minutes jet service to Vancouver. Recreation — hunting, fishing, and boating with hot springs 15 minutes from town. Apply to: The Medical Clinic, Suite 201, 4622 Greig Ave., Terrace, B.C. or telephone: 635-7266.

GENERAL PRACTITIONER REQUIRED to join 1 internist, 1 surgeon, and 5 practitioners in pleasant prairie town of approximately 4000. An interest in anesthesia would be an asset but not mandatory. Excellent salary offered, with profit sharing at end of 6 months and partnership offered at one year if mutually agreeable. Large drawing area of 10,000. Partners own clinic and have exclusive use of well-equipped 75-bed hospital. Rotation call system for nights and weekends. Apply: Newell Associate Clinic, Bag 280, Brooks, Alta. Telephone (403) 362-3461 (days), 362-3526 (evenings).

GENERAL PRACTITIONER REQUIRED, to become associated with 20-man multispecialist group on or before June 30, 1972. Guaranteed initial income of \$18,000 with incentive clause in contract and other benefits. Interested parties please supply complete information in initial application and we in turn will supply complete details about the position. Apply to: Mr. G. D. Box, Business Manager, Brandon Clinic, P.O. Box 280, Brandon, Man. R7A 5Z2.

GENERAL PRACTITIONER required immediately to associate with 3 other general practitioners in southern Vancouver Island town of Lake Cowichan. Time off and expenses shared. Full hospital privileges available in new hospital 16 miles away over new highway. Excellent recreational and educational facilities. Reply to Box 681, CMA Journal.

GENERAL PRACTITIONER WANTED IMMEDIATELY, to join busy general practice group, in Corner Brook, Newfoundland. Town population 30,000, and outlying area 20,000. Practice now comprises of 4 G.P.'s in partnership, in newly constructed medical clinic. Excellent working conditions, privileges in 2 hospitals, rota system for night duty and weekends. Salary as assistant \$2000 per month. Applicants are requested to write to: Dr. I. McD. Simpson, West Coast Medical Clinic, 3 Church St., Corner Brook, Nfld.

GENERAL PRACTITIONER — United States town of 1500 people with district of 4000 urgently needs General Practitioner. Present facilities: 18-bed hospital, 10-bed nursing home, fully equipped clinic and hospital with all modern equipment. Dr. practice grossing over \$100,000 yearly. North Dakota licensing Flex for foreign graduates. Apply to: TiogaCommunity Hospital, c/o Mr. Clyde E. Strahan, Administrator, Tioga, North Dakota 58852, U.S.A. Telephone: (701) 664-3306.

GENERAL PRACTITIONER with good anesthetic experience to share work with one other G.P. in southern Alberta town of 1000. Surgical experience welcomed. Air-conditioned clinic; modern 30-bed hospital; salary \$1800/month or 40% to start. Immediate opportunity. Apply to: Dr. N. E. Streight, Box 267, Milk River, Alta. Telephone: 647-3986.

GENERAL PRACTITIONER, preferably recent graduate, wanted by group of 3 doctors located in western Canadian city. Two fully accredited hospitals. Salary \$1500 per month and car expenses to start. Partnership in one year if mutually acceptable. Reply to Box 644, CMA Journal.

GENERAL PRACTITIONER REQUIRED for an 18-bed hospital in the rural area and Town of Mundare, 45 miles east of Edmonton. Opening due to retirement of present doctor. Write or telephone: Administrator, Mary Immaculate Hospital, Mundare, Alta. Telephone: 764-3819.

GENERAL PRACTITIONER WANTED to join a group in South-western Ontario town. New building, accredited hospital and progressive community. Equal time and sharing after 3 months. Reply to Box 490, CMA Journal.

GENERAL PRACTITIONERS WANTED—to join an expanding young group in West end Edmonton. Group consists of two Surgeons, O & G, Pediatrician, seven General Practitioners. We will be moving into a new medical complex slated for completion in 1973 with facilities and ancillary services for twenty doctors. Early profit sharing, partnership and participation in holding company and share in building company available. Reply to Box 523, CMA Journal.

GENERAL PRACTITIONER required for a progressive medical clinic in central Toronto. Excellent working conditions. Telephone: 966-3641, The Raxlen Clinic.

GENERAL PRACTITIONER NEEDED to join group of 4 family physicians in new modern building, with laboratory and radiology facilities. Easy access to several large open hospitals in nearby Windsor, Ontario. Equal vacation and off duty time. The successful applicant will start at \$2000 per month and will progress to early partnership if mutually agreeable. Write: Dr. John R. Greenaway, 80 Sandwich St. S., Amherstburg, Ont.

GENERAL PRACTITIONER wanted for 2-man rural-urban practice. Village 85 miles north of Toronto in vacation area. A 215-bed accredited hospital 20 minutes drive. Equal time off, early partnership considered. Medical population of 5000 in area. Summer population 10,000. Salary or percentage, or practice on own and share office expenses. Apply with full particulars to Box 220, Coldwater, Ont.

FAMILY PRACTITIONER wanted to join 4-man group in modern clinic in Windsor, Ontario. Excellent conditions and salary to start with rapid partnership if mutually satisfactory. Please apply with data and references to: Medical Associates, 1909 Tecumseh Rd. E., Windsor, Ont.

GYNECOLOGIST, to associate with a large group in Calgary, Alberta. Congenial working conditions with attractive economic rewards. A full partnership in one year if mutually agreeable. Apply to: Department of Obstetrics and Gynecology, Willow Park Medical Building, 9937 Fairmount Dr. S.E., Calgary 30, Alta.

HOUSE PHYSICIANS urgently required July 1, 1972 for casualty work at the Joseph Brant Memorial Hospital — Emergency Room, Burlington, Ontario. 40 hour week — Monday-Friday, \$1300 per month. Increases bi-annually. Extra income available to a maximum of \$2000 per month for extra shifts. Only doctors fully licensed or on the Special Register Classification III need apply. Apply only to the: Burlington General Practitioners' Association, Box 356, Burlington, Ont. Telephone: 637-7831.

INTERNIST, certificated or fellowship, required for group practice of specialists and family physicians. Starting annual income \$25,000. Apply giving full particulars to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie, Ont.

INTERNIST—Fellowship preferred for a group of specialists and family physicians. Attractive salary with early opportunity for partnership. Resume of personal data along with references and curriculum vitae should be sent to Box 173, CMA Journal.

INTERNIST, Board certificated or eligible to associate with 20-doctor Internal Medicine Department. Prefer candidates with subspecialty training in nephrology and pulmonary diseases. New hospital facility to open in early 1972. Partnership, insurance, retirement and other benefits. Apply to: Dr. T. Paul Blanchard, Southern California Permanente Medical Group, 9985 Sierra Ave., Fontana, CA 92335, U.S.A.

INTERNIST REQUIRED for town of 14,000 plus active rural area of 20,000 — Southwestern Ontario. Active general hospital of 200 beds; pleasant recreational area; good existing distribution of general practitioners and specialists. Apply to: Dr. B. O. Nugent, Department of Medicine, Trenton Memorial Hospital, Trenton, Ont.

INTERNIST with a knowledge of hematology and oncology, needed by group of 36 physicians. Must be certificated or eligible for certification by the Royal College of Physicians and Surgeons. For details concerning starting salary, partnership entry, etc., send curriculum vitae to: Executive Director, The Port Arthur Clinic, 194 N. Court St., Thunder Bay, Ont.

INTERNIST (CARDIOLOGY) needed. \$25,000 guarantee income first year, or reasonable alternatives to fit individual situations. Offices for physicians in hospital available. Very good practice, living and income. Friendly New Hampshire town in lakes region near ski slopes, hunting, fishing. Accredited general hospital 94 beds, comparatively new, well equipped and staffed, serving 25,000. Active staff 9. Long service physicians near retirement. Only 2 hours from major medical centres, Boston, Hanover. Medical staff aware of advertisement. Write or telephone collect (603) 934-2060, Administrator, Franklin Regional Hospital, Franklin, NH 03235, U.S.A.

INTERNIST, GP AND ORTHOPOD to join professional corporation of 4 internists, 2 general surgeons, 1 thoracic surgeon, and 1 orthopedic surgeon. Located in the heart of the Finger Lakes, New York State. Progressive, rapidly growing community with an abundance of recreational and cultural opportunities. No investment required. Your liberal first-year salary highlighted by vacations, insurance plans, a profit-sharing program, and a friendly community. Your interview can be arranged by calling: Dr. Steven E. Pieri, (607) 936-9972, U.S.A.

INTERNISTS, NEUROSURGEONS, GENERAL PRACTITIONERS and other specialists needed to establish their private practices in congenial South Georgia City. Modern 220-bed J.C.A.H. approved Medical Centre serving trade area of 200,000. Quality school systems including 4 year liberal arts college. Contact: Administrator, South Georgia Medical Centre, Valdosta, GA 31601, U.S.A.

MEDICAL OFFICER — The Department of Correctional Services requires a Medical Officer for Burwash Correctional Centre, Burwash, Ontario (near Sudbury, Ontario). The salary range for this Ontario Public Service Office is \$20,500-\$23,350. Under the direction of the Senior Medical Officer, to assist in the provision of medical care for inmates. Enquire: Director of Medical Services, Department of Correctional Services, Parliament Buildings, Toronto, Ont. Telephone: (416) 365-1083.

OBS/GYN, certificated, required by multi-specialty clinic in Summerside, P.E.I. Immediate full partnership; no capital required; to share duties with a certificated specialist. Modern clinic building with excellent facilities serving approximately 40,000 population. Town of 10,000 population in attractive rural setting with good recreational facilities and easy access to beaches. Reply to Box 677, CMA Journal.

OBSTETRICIAN-GYNECOLOGIST with Canadian Certification or Fellowship, or eligibility for same, to act as specialist in an expanding group practice on the Canadian prairies. In your reply, give full details of training and experience, and names of 4 referees. Apply to: Dr. John D. Bury, Deputy Medical Director, Saskatoon Community Clinic, 455 Second Avenue North, Saskatoon, Sask. S7K 2C2.

OBSTETRICIAN AND GYNECOLOGIST, fully qualified, required for Southern Ontario Clinic. Reply to Box 357, CMA Journal.

OPHTHALMOLOGIST required to take over Manitoba practice; good facilities and freedom of work; present practitioner leaving area. Reply giving personal details and phone number, as soon as possible, to Box 676, CMA Journal.

OPHTHALMOLOGIST — This is an opportunity to acquire a well-established ophthalmology practice with steady growth record in Calgary. Available as early as June 15, 1972. Ophthalmologist relocating in another province. Reply to Box 632, CMA Journal.

ORTHOPEDIST WANTED to join group of 2 in process of incorporation mid-Eastern U.S.A., substantial guarantee first year. Third year full partnership. Immediate state licensure available. Reply to Box 658, CMA Journal.

PATHOLOGIST, certificated or eligible for a fully accredited 184-bed hospital, located 100 miles east of Toronto in Bay of Quinte vacation area. The laboratory is well equipped and staffed. Applications in confidence to: The Administrator, Trenton Memorial Hospital, Trenton, Ont.

PATHOLOGIST — Toronto East General Hospital invites applications from a general pathologist preferably with a special interest in either Biochemistry or Bacteriology. For information write: Dr. H. J. Barrie, Director of Pathology, Toronto East General and Orthopedic Hospital Inc., 825 Coxwell Ave., Toronto 13, Ont.

PATHOLOGIST — Director of Laboratories required for large Department of Veterans Affairs Hospital, with 400 active beds, 260 chronic beds, and 400 psychiatric beds; University of Western Ontario Teaching Hospital; appointee will have position on Medical School Faculty. Residency Training approved by the Royal College as part of University Program. Director will be responsible for over-all management of the Laboratory, but consultants will be available in other branches of Laboratory Medicine. Applicants must have specialist qualifications in laboratory medicine. Salary negotiable. Reply to Box 624, CMA Journal.

THE ONTARIO CANCER INSTITUTE

CLINICAL ASSOCIATE required to help with the routine care of hospitalized patients on the radiotherapy floors of The Princess Margaret Hospital. Hours: 9:00-5:00, Mon.-Fri. Starting salary \$14,500.00 per year.

For further details write to:

Director of Medical Education,
The Princess Margaret Hospital,
500 Sherbourne Street,
Toronto 284, Ontario, Canada.

ASSOCIATE DIRECTOR

DEPARTMENT OF PATHOLOGY (LABORATORY MEDICINE)

VANCOUVER GENERAL HOSPITAL

The Department of Pathology, University of B.C., invites applications for the position of Associate Director of Laboratories at its major teaching hospital. Revision and expansion of present facilities are being planned. Salary and full university appointment commensurate with qualifications and experience.

In association with the Director, the successful incumbent will be responsible for overall planning and development of the service, teaching and research functions of the Laboratory.

Applications, including curriculum vitae and references, will be accorded strict confidence and should be forwarded to:

**Dr. W. L. Dunn,
Professor and Head,
Department of Pathology,
University of British Columbia,
Vancouver 8, B.C.**

INDUSTRIAL PHYSICIAN

The Algoma Steel Corporation, Limited, with a workforce of 9,000 employees, requires the services of a doctor who is interested in a full-time career in industrial medicine. It will appeal to a physician who may have training in general practice, occupational medicine, or internal medicine.

The responsibilities include diagnostic medicine, with emphasis on the prevention of illness and the ambulatory care of minor traumatic injuries, related administrative duties and the direction of support staff. There will be ample opportunity to develop interest in toxicology and in the hazards inherent in the industry.

The Company offers good working conditions in a standard work week, and a full range of benefits.

Applications outlining qualifications and personal data may be sent to:

**Mr. B. W. H. Marsden,
Vice President-Administration,
The Algoma Steel Corporation, Limited,
Sault Ste. Marie, Ontario.**

DIRECTOR OF DEPARTMENT OF PSYCHIATRY

CALGARY GENERAL HOSPITAL

The Calgary General Hospital seeks applicants for the position of Director of Department of Psychiatry.

The Hospital is a 1000 bed active treatment hospital with a 60 bed Psychiatric Unit; plans for a considerable extension of facilities and services are underway. The Calgary General is an affiliated teaching hospital with the University of Calgary. Applicants should have considerable experience in all phases of Psychiatry & administrative and teaching capabilities.

Excellent benefits — remuneration to be arranged.
Please forward details to the

**Executive Director, Medical,
Calgary General Hospital
841 Centre Ave. East
Calgary 61, Alberta**

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ENT specialist wanted to fill vacancy in 3-man department at Guthrie Clinic, Sayre, Pennsylvania. Clinic group comprises 60-man multispecialty geographic full time staff. Modern department with adequate support staff in Audiology and Speech Pathology. Busy surgical practice for qualified individual. Board eligible or certification required. Teaching and clinical research opportunities available. Salary and other income benefits commensurate with training and experience.

Please write to K. Jorg Falkenberg, M.D., Guthrie Clinic Ltd., Sayre, Pennsylvania 18840. Telephone 717-888-6666, Extension 217.

THE OTTAWA CIVIC HOSPITAL invites applications for the position of Chief of the Department of Diagnostic Radiology.

The Ottawa Civic Hospital is a main teaching hospital of the University of Ottawa Faculty of Medicine and an academic appointment will be associated with the position. The Hospital is involved in both undergraduate and postgraduate teaching.

Candidates must be eligible for licensure in Ontario and should hold Certification or Fellowship of the Royal College of Physicians of Canada. Closing date for applications will be May 15, 1972. Further information is available and enquiries should be addressed to:

**Dr. C. B. Petrie,
Chairman, Selection Committee,
Medical Director's Office,
Ottawa Civic Hospital,
Ottawa, Ontario.
K1Y 4E9**

APPEAL TO OPHTHALMOLOGISTS

Ophthalmologists wishing to donate their time to man the Mobile Eye Van (Ontario) please contact;

**Dr. Wm. Hunter
176 St. George Street
Toronto 5, Ont.**

or

**Mrs. S. Henninghausen
Canadian National Institute for the Blind
Toronto, Ont.**

This van will visit under-serviced areas from May to November, 1972.

PEDIATRICIAN needed, \$25,000 guaranteed income first year, or reasonable alternatives to fit individual situations. Potential earnings much greater. Offices for physicians in hospital available. Very good practice, living and income. Friendly New Hampshire town in lakes region near ski slopes, hunting, fishing. Accredited general hospital, 94 beds, comparatively new, well equipped and staffed, serving 25,000. Active staff 9. Long service physicians near retirement. Only 2 hours from major medical centres, Boston, Hanover. Medical staff aware of advertisement. Write or telephone collect (603) 934-2060, Administrator, Franklin Regional Hospital, Franklin, NH 03235, U.S.A.

PEDIATRICIAN REQUIRED to join 14-doctor medical clinic in Prince Albert, Saskatchewan. Excellent working conditions and equipment. Guaranteed income of \$30,000-\$35,000 per year, depending upon qualifications and experience. Apply with record of training, experience, and references to: Medical Director, Prince Albert Community Clinic, 110-8 St. East, Prince Albert, Sask.

PHYSICIANS — Town of Rainy River, Ontario, serving an area of 480 sq. miles and a population of 3000; 180 miles from Winnipeg. This is a tourist, forestry, fishing and railroading area. There is one resident doctor serving the area only part-time due to ill-health. A modern, attractive medical centre available in the 16-bed hospital. Schools, churches, recreational facilities. This area is designated as underserved by the Ontario Department of Health and physicians who will establish practice here may apply to the Department for a contract with a guaranteed income of \$33,000 or incentive grant of \$20,000. Apply to: H. A. Solomonian, Clerk-Treasurer, P.O. Box 220, Rainy River, Ont. Telephone: (807) 852-3244.

PSYCHIATRIST — Senior psychiatrist required for Psychiatric Day Care Centre at Stratford General Hospital, in affiliation with Goderich Psychiatric Hospital, Department of Mental Health, Ontario. Salary \$24,000 - \$30,000, with opportunity for private practice. Relocation assistance is available. Stratford, a city of 23,000, is located in South-western Ontario, within easy access of large metropolitan centres. Licence to practise medicine in Ontario. Certificate in Psychiatry of the Royal College of Physicians and Surgeons of Canada, or specialist standing in another jurisdiction, acceptable and comparable to this certificate. Interested physicians are invited to enquire of the: Executive Director, Stratford General Hospital, Stratford, Ont.

PSYCHIATRIST URGENTLY needed for private practice and part-time Mental Health Clinic appointment. Hospital has new 30-bed psychiatric unit. \$30,000 guarantee gross income during first year. Canadian certification and Ontario registration required. Apply to: Chief of Psychiatry, Public General Hospital, Chatham, Ont.

PHYSIATRIST — Ample opportunity for a full-time consultant in active medical community of 250 physicians. New 27-bed rehabilitation unit, over 1000 active beds in area. Full complement of family physicians, specialists, paramedical and ancillary services. LMCC and Specialist Certification required. Contact: Medical Director, Kitchener-Waterloo Hospital, Kitchener, Ont.

PRIVATE PRACTICE — Excellent opening for a dermatologist, urologist, ophthalmologist, pediatrician and general practitioner in the Medical Arts Building, Niagara Falls, Ontario. An extremely desirable rental policy is available. Reply to Box 691, CMA Journal.

RADIOLOGIST — Associate certificated diagnostic radiologist required for 217-bed hospital. Experience with specialty procedures required. Possibility of advancement to director. Apply to: The Executive Director, Guelph General Hospital, Delhi St., Guelph, Ont.

RADIOLOGIST — Diagnostic Radiologist to join group of 3 radiologists engaged in hospital, clinic and private office practice in Winnipeg, Manitoba. Knowledge of vascular procedures desirable. Excellent starting salary with view to partnership if mutually agreeable. Reply to Box 664, CMA Journal.

RADIOLOGISTE pour prendre charge du service. 115 lits—45,000 de population, équipement très moderne—16 médecins. Nouvel hôpital en construction, prendre charge immédiatement. S'adresser au: Dr. Germain Biqué, Directeur Saint-Sauveur, Val d'Or, Abitibi-est, P. Qué.

RADIOLOGIST — Diagnostic radiologist required by May 1, 1972 for Northern Manitoba Hospital — present 75-bed, unit expanding to 125 beds with new department. Resident preferred but minimum 2 full days per week acceptable. 1971 income over \$40,000 with work load increasing in 1972. Contact: Mr. G. L. Kjolberg, Administrator, Thompson General Hospital, Thompson, Man. R8N 0C8.

RADIOLOGIST WANTED to assist senior radiologist in serving 2 Moose Jaw Hospitals with 414-bed capacity. Knowledge of Arteriography important but not absolutely necessary. Remuneration subject to negotiation and professional accomplishment. Apply with curriculum vita to: Mr. A. W. Holtby, Administrator, Moose Jaw Union Hospital, Moose Jaw, Sask.

SURGEON URGENTLY NEEDED, to establish private practice in community of Van Buren, Maine, serving area approximately 5000 people, situated on Maine-New Brunswick border, also must be willing to do some general practice. New, modern, fully accredited 30-bed hospital. Financial opportunities excellent. Lucrative practice within very short time is virtual certainty. Contact: Mr. Gerald Gagnon, 27 Violette St., Van Buren, ME 04785, U.S.A. Telephone: 868-3306.

SURGEON WANTED — General Surgeon (FRCS) for clinic group of 6 physicians including resident radiologist and anesthetist. Unopposed practice in 70-bed accredited hospital in rural New Brunswick. Excellent educational facilities including University town within 2 hour drive. Reply to Box 649, CMA Journal.

SURGEON WANTED to join 3 general practitioners in Western Alberta town of 4000 with new 50-bed hospital. Must be willing to do general practice. Salary negotiable, with partnership in one year if mutually satisfactory. Come skiing and hunting! Please reply to Box 650, CMA Journal.

SURGEON: CARDIO-VASCULAR Surgeon—All government approvals obtained for immediate development of Open Heart Surgery Unit. Surgical team to be headed by a clinical director. Enquiries invited from surgeons with appropriate qualifications and experience. Contact: Executive Director, Royal Jubilee Hospital, Victoria, B.C.

SURGEON—ORTHOPEDIC surgeon for clinic group, ancillary benefits, Board certified eligible, U.S. license required. Reply to Box 686, CMA Journal.

SURGEON — Orthopedic surgeon required. Practice located in Halifax, Nova Scotia. Teaching facilities and university affiliation. Great opportunity for enthusiastic man. Apply to: Head of Orthopedic Service, Halifax Infirmary, Halifax, N.S.

CHIRURGIENS (2) et ANESTHESISTE (1) à temps complet demandés pour un hôpital de 70 lits situé dans une ville industrielle, dans une des régions les plus progressives du Canada, paradis de la chasse et de la pêche. Les intéressés doivent s'adresser à M. Roland Fournier ou au Dr. Jos DiGaspari, Hôpital Général de Baie Comeau, Qué. 296-2281.

SURGEON/ANESTHETIST/INTERNIST — Team of 3 wanted for a 102-bed general hospital, in Tracadie, New Brunswick, small town, approximately 2500 inhabitants, situated along the Gulf of Saint-Lawrence. Hospital serves an area of about 25,000, mostly French speaking. Please apply to: Sr. Cécile M. Dubé, Administrator, Hotel-Dieu De Saint-Joseph, Tracadie, N.B.

TEACHERS IN FAMILY MEDICINE—Applications invited from Family Physicians interested in full-time teaching in the University of Toronto, Department of Family & Community Medicine. The following vacancies will be open July 1, 1972: 1. Wellesley Hospital—Head of the Department of Family & Community Medicine. Responsibility for co-ordinating the educational program for clinical clerks and for planning a proposed Family Practice Residency Program. As Family Physician in Chief will be responsible for the service components of family practice in the hospital and for the planning of proposed community health services related to the hospital. 2. St. Michael's Hospital—Staff Family Physician and Deputy Family Physician in Chief working with Dr. L. M. Cathcart. This hospital program already has clinical clerks and a Family Practice Residency Program. A grant application is being prepared for a second community health centre satellite. 3. Toronto General Hospital—Clinical Teacher—Staff Family Physician, to take major responsibility for the training of clinical clerks and first year residents, and for a planned expansion in October 1972 of the present Family Practice Service in the hospital. 4. Women's College Hospital—Head of the Department of Family and Community Medicine to co-ordinate the teaching of clinical clerks and the Women's College Hospital Family Practice Residency Program. The Department Head is also responsible for the service components of family practice in the hospital including Primary Care (Emergency) Department and Out Patient Clinics. 5. Sunnybrook Hospital—Medical Director of the Flemingdon Health Centre and 2 full-time Staff Physicians. This large ambulatory community based primary care facility, located a mile and a half from the hospital will provide family medical care for a busy mixed area including some subsidized housing located near Don Mills Road and Eglinton. Interested physicians may receive further details regarding teaching and service commitments, terms of service by writing to: Dr. Fred Fallis, Chairman of the Department of Family and Community Medicine, University of Toronto, Room 20, University Clinics, 101 College St., Toronto 101, Ont.

CONSULTANT SURGEON, eligible for Nova Scotia licence, seeks position in Nova Scotia. Will do G.P. also. Reply to Box 688, CMA Journal.

DIAGNOSTIC RADIOLOGIST, British graduate with Canadian certification and experience in radiobiology and nuclear medicine, seeks position in Eastern Canada, preferably with a university affiliation. Reply to Box 675, CMA Journal.

DIAGNOSTIC RADIOLOGIST, experienced, certified, Canadian graduate and trained, seeks solo practice in small community hospital, preferably in or near major population centre. Reply to Box 671, CMA Journal.

INTERNIST, MRCP(Edin.), FRCP(C), LMCC (May 1972), aged 33, seeks full or part time hospital based position or attractive practice. Training at McGill for last 4 years. Available July 1972. Long term locum tenens considered. Subspecialty endocrinology. Reply to Box 672, CMA Journal.

UROLOGIST, Canadian, McGill graduate, currently training in United States, wishes to locate in Canada, solo or group practice. Reply to Box 673, CMA Journal.

PATHOLOGIST, aged 45, graduate of British Commonwealth University; certificated by American Board of Pathology in anatomic and clinical pathology and MRC Path., England. Wishes to join a Canadian hospital or University Medical Centre. Experienced in routine procedures, teaching, and research. British Columbia area preferred. Please reply to Box 692, CMA Journal.

PATHOLOGIST, Canadian certificated, experienced all branches of laboratory medicine. 200-300 bed hospital preferred. Would consider combination of hospital and private laboratory work. Reply to Box 695, CMA Journal.

GENERAL SURGEON, experienced, FRCS(C), on staff teaching hospital, wishes to relocate with group or another general surgeon. Available August 1, 1972. Reply to Box 694, CMA Journal.

LETHBRIDGE, ALBERTA—Well established general practice for sale in this University city of 40,000. Office located in professional building with ample parking nearby. Owner wishes to leave country as soon as possible. Reply to Box 684, CMA Journal.

MANITOBA — Solo general unopposed practice for sale. Modern office and house separate, fully equipped. 2 general hospitals close by. Full details will be supplied in writing. Applicants registered or eligible for registration in the Province of Manitoba requested only please. Reason for sale, returning to postgraduate studies. Reply to Box 587, CMA Journal.

TORONTO, ONTARIO—Good solo general practice for sale in rapidly growing area just west of Toronto. Fully equipped office—could be expanded. Evening and weekend roster can be continued. Excellent open hospital nearby. Will introduce. Available September 1, 1972; reasonable; owner specializing. Reply to Box 682, CMA Journal.

TORONTO, ONTARIO — Practice for sale suburban Toronto. Well established general practice in rapidly expanding area of over 100,000 people. Large open community hospital in immediate vicinity. Suitable for 2 or more practitioners contemplating starting or relocating practice. Owner specializing. Reply to Box 629, CMA Journal.

SOUTH-WESTERN ONTARIO: Excellent practice available July 1, 1972. Modern, well equipped office, attached to comfortable home. Above average gross income. Reply to Box 651, CMA Journal, or telephone: (519) 485-4244.

ANESTHESIA RESIDENCIES — Applications are invited for the residency training program at the University of Western Ontario, fully approved by the Royal College of Physicians and Surgeons of Canada, and the American Board of Anesthesiology. Salary range \$7000-\$13,000 according to level of training. Apply to: Professor W. E. Spoerel, c/o Dr. A. C. Webster, Chief of Anesthesia, St. Joseph's Hospital, London, Ont.

JUNIOR ROTATING INTERNS for an acute treatment, 319-bed, community hospital for the year 1972-73. Major rotations available in Surgery, Medicine, Obstetrics and Gynecology, and Pediatrics. Foreign medical graduates require the ECFMG certificate. Interested graduates please write to: The Administrator, The Doctors Hospital, 45 Brunswick Ave., Toronto 179, Ont.

ANESTHESIA RESIDENCY TRAINING PROGRAM — There are a few positions existing in a University Residency Training Program in Western Canada. Opportunity for wide experience and responsibility in all fields of anesthesiology, including, pediatrics and obstetrical anesthesia, intensive care and recovery room medicine and clinical investigation. Salaries: 1st year \$600 per month; 2nd year \$666 per month; 3rd year \$750 per month; 4th year \$850 per month; Chief Resident \$950 per month. Please address all enquiries to Box 546, CMA Journal.

ANESTHESIOLOGY RESIDENCIES — At University of Minnesota: Two, three and four year anesthesia programs: didactic, research and clinical experience including pulmonary function and respiratory disease services under qualified faculty. Foreign students need ECFMG certificate. Fellowship stipends, 1st year \$8250 plus tuition; 2nd year \$8750 plus tuition; 3rd and 4th year negotiable. Write for brochure: F. H. Van Bergen, M.K., Department of Anesthesiology, University of Minnesota, Health Sciences Centre, Minneapolis, MN55455, U.S.A.

GERIATRIC RESIDENCY — Six or twelve month residencies are available on the Geriatric Clinical Teaching Unit of the Faculty of Medicine, University of Manitoba, at Deer Lodge Hospital, Winnipeg. This hospital is approved for teaching by the Royal College of Physicians and Surgeons of Canada. Appointments to this new program are available immediately or starting July 1, 1972. The salary scale for 1972 is being negotiated but presently range from \$7200-\$11,400 per annum depending upon qualifications. Request for applications and for additional information should be addressed to: Dr. J. A. K. MacDonell, Hospital Director, Deer Lodge Hospital, Winnipeg, Man. R3J 013.

INTERNAL MEDICINE RESIDENCY—Second year Internal Medicine Residency is available starting July 1, 1972 at St. Paul's Hospital in Vancouver, British Columbia. Salary \$715 monthly. The Department of Medicine is affiliated with the University of British Columbia and is approved by the Royal College of Physicians and Surgeons of Canada. Please apply to: Dr. F. W. B. Hurlburt, Head, Department of Medicine, St. Paul's Hospital, 1081 Burrard St. Vancouver, B.C.

OTTAWA ONTARIO — Opening for preceptee in General Surgery — American Board approved 4th-5th year, stipend \$850 a month; appointment for July 1972 to July 1, 1973. Application to: Medical Director, Montford Hospital, Ottawa, Ont.

PEDIATRIC RESIDENCIES FOR July 1, 1972. Openings at all levels in 4 years of training program approved by the Royal College of Physicians and Surgeons of Canada. ECFMG Certificate required. Apartments available. Request application forms from: Department of Pediatrics, University of Alberta Hospital, Edmonton, Alta.

PSYCHIATRIC RESIDENCIES AND RESEARCH FELLOWS — Comprehensive university program; assignments include community clinics, day hospital, child research, psychopharmacology, clinical neurophysiology, neuropsychology, computers in psychiatry, neurology and others; five year career stipends \$13,000 to \$24,500; career research and teaching fellowships available for qualified persons at same salaries. Write: George A. Ulett, M.D., Chairman, Department of Psychiatry (St. Louis), University of Missouri, 5400 Arsenal Street, St. Louis, Missouri (63139), U.S.A.

PSYCHIATRIC RESIDENCY—Three years fully approved program in a large university affiliated general hospital. We provide closely supervised training in dynamic psychiatry, child psychiatry, medicolegal experience, and basic neurology. Salary to \$15,000 plus benefits. For further details and consideration submit your resume to: Dr. Robert Schopbach, Director of Psychiatric Training, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, MI 48202, U.S.A.

RESIDENCIES IN PSYCHIATRY, The Montreal General Hospital (a teaching hospital of McGill University) — Positions available July 1st or later. One or 2 year appointments. Department accredited by Quebec College, Royal College of Physicians (Canada) and American Board. Standard salaries according to 'years of approved training'. For graduates of non-North American schools, ECFMG and either North American Rotating Internship or LMCC required. Large attending staff with strong teaching commitments; program fully integrated with McGill psychiatric network. For junior candidates: emphasis on psychotherapy, interpersonal skills and basic clinical psychiatry. Experience in emergency psychiatry, inpatient service, psychosomatic medicine group methods, community psychiatry. In addition, for more advanced candidates: opportunities for (a) sub-specialty work (external services, epidemiology, adolescents); (b) research experience in psychobiological or psychosocial fields; (c) (limited number) clinical teaching posts (Teaching Fellows). Individual programs available according to eventual career preference. Inquiries to: Dr. A. M. Mann, Psychiatrist-in-Chief, Montreal General Hospital, Montreal 109, P.Q.

RESIDENCY IN ORTHOPEDIC SURGERY, Queen's University, Kingston, Ontario — The Department of Surgery invites applicants for the post of first year resident to train in Orthopedic Surgery starting July 1, 1972. This position is available as a result of a late cancellation. Apply with curriculum vitae to: Dr. J. R. McCorriston, Professor of Surgery, Etherington Hall, Stuart St., Kingston, Ont.

RESIDENTS IN PSYCHIATRY, Hospital for Mental and Nervous Diseases, St. John's, Newfoundland — Applications are invited from qualified physicians for a Residency Program recognized by the Canadian Royal College of Physicians and Surgeons for the purpose of college examinations in psychiatry. The hospital training is a part of the 4-year Residency Program in Psychiatry of Memorial University of Newfoundland. This is a 750-bed comprehensive service including active in-patient treatment, out-patients, day care, boarding care, geriatrics and medico-legal services. Salaries or bursaries ranging up to \$16,000 per annum depending upon experience and type of financial arrangement. Financial assistance towards relocation is available through contractual arrangements. For further information or application forms, please contact: The Professor of Psychiatry, Medical Faculty, Memorial University of Newfoundland, St. John's, Nfld.

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PROFEXRAY 100 ma, used X-ray unit, complete with deluxe control, new X-ray tube, hand-tilt Bucky table, double cone collimator and all accessories. Edmonton, Alberta. Reply to Box 685, CMA Journal.

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CHARTERED ACCOUNTANT — Jack Perelmutter, B.Comm., C.A., 86 Bloor Street West, Suite 532, Toronto. Telephone: 921-5761.

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BURLINGTON, ONTARIO—Medical-Dental Suites in prestige building. Ideally located in central location. Pharmacy and laboratory in building. Contact: Ivan H. Cleaver Realty Ltd., P.O. Box 217, Burlington, Ont, attn: J. R. Auld, telephone: 634-7704.

CALGARY, ALBERTA—New Medical Building. Central—One block from major hospital. Individual thermostats, parking and janitorial service included in lease. Many other facilities being installed which are not available in existing buildings. Already leased—drug store, X-ray, diagnostic services and 26 doctors' suites, with 40 suites still available. If space leased before construction commences, the offices will be designed to the tenant's requirements, at the owner's expense. Indoor parking for tenants, and outdoor parking for patients. Contact: Sesqui Investments Ltd., 202 125-12th Ave. South East, Calgary 21, Alta. Telephone: (403) 261-2727.

MARKHAM, ONTARIO—Approximately 590 sq. ft. of office space for rent—Town of Markham. Ready made practice in one of the finest apartment buildings in the area. Very reasonable rental rate, to include partitioning and private washroom. Direct entrance from outside, ample parking. Other large apartment buildings, shopping plazas in immediate area. Telephone evenings: 698-4445, or reply to Box 678, CMA Journal.

OTTAWA, ONTARIO—The Ottawa Medical Arts Building, 180 Metcalfe St., Ottawa, has medical suites at reasonable rates for immediate occupancy. Write, or telephone (613) 233-7715.

VACATIONS

VACATION ROME — Sublet summer luxury penthouse, 3 bedrooms, marvelous terraces, private park with swimming pool and tennis court, minutes from centre, part-time maid included, car available, \$800 per month. Telephone: Toronto 782-9191 or write: Vis Asmara 9B, 000199 Roma.

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Description: Diabexyl (Metformin Hydrochloride) is an oral antidiabetic. Metformin, is a bisubstituted biguanide: N, N—dimethylbiguanide.

Mode of Action: Diabexyl lowers the blood sugar in diabetic patients. The antidiabetic activity is probably mediated through insulin. Diabexyl improves the K coefficient of glucose assimilation. Diabexyl improves the coefficient of insulin efficiency. Contrary to the sulfonylureas, there have been no reports of hypoglycemia in diabetics, with normal dosage. Diabexyl promotes increased peripheral utilization of glucose. This action follows an aerobic pathway. Even in high concentration, contrary to phenethylbiguanide, metformin does not apparently block cellular respiration or change carbohydrate metabolism via the anaerobic pathway. In the obese diabetic with hyperinsulinemia, Diabexyl is reported to normalize insulin output. This normalizing effect is concurrent with that on glycemia. Diabexyl is

not metabolized, but eliminated in feces and urine in an unchanged form. Renal clearance is 130 ml/minute (identical to that of urea); this appears to explain the absence of accumulation. The drug is not retained in the liver nor excreted in the bile; it is concentrated in the intestinal mucosa and salivary glands.

Indications: 1. The chief indication for the use of Diabexyl is in uncomplicated maturity-onset diabetes without ketosis. 2. Diabexyl is of particular value for the obese diabetic patient; besides its specific action on diabetes, it often promotes an important loss of weight in the obese patient. 3. Diabexyl can also be administered combined with sulfonylureas. The two compounds possibly act synergistically, promoting insulin release from pancreatic beta cells and potentiating its action on peripheral tissues. 4. **Insulin adjuvant:** The addition of Diabexyl to the regimen of insulin-dependent patients may be of value, as the dose of insulin can often be reduced.

Clinical Studies: 1. Diabexyl does not bring about

hypoglycemia in the normal human. 2. Contrary to sulfonylurea, Diabexyl promotes loss of weight in the obese subject. Weight reduction is not related to dosage or to any anorexic effect of the drug. 3. Diabexyl maintains its activity during long treatment.

Contraindications: 1. Diabexyl used alone, is contraindicated in the ketotic, juvenile, insulin-deficient diabetes. 2. Severe acidosis, coma, and very unstable diabetes. 3. During stress periods. 4. During pregnancy, jaundice, severe liver and renal disorders. 5. Pre-existing complications peculiar to diabetes.

Warnings: 1. Proper dietary measures must be ascertained. 2. Lactic acidosis has not been reported with metformin; nevertheless, as with other biguanides, treatment should be immediately discontinued if lactic acidemia increases sharply. 3. Patients should be supervised in case of short or long term complications.

Precautions: If vomiting occurs, withdraw drug momentarily, then resume dosage progressively. Complete physical examinations including hepatic tests, blood